National Library
of Canada

Bibliothèque nationale
du Canada

Canadian Theses Service

Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

NL-339 (r. 88/04) c

Canada

UNIVERSITY OF ALBERTA

BREASTFEEDING: THE MALE PERSPECTIVE

by

© DIANE LYNN GAMBLE

A THESIS SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF NURSING

FACULTY OF NURSING

EDMONTON, ALBERTA

FALL 1991

National Library of Canada
Canadian Theses Service
Ottawa, Canada
K1A 0N4

Bibliothèque nationale du Canada
Service des thèses canadiennes

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-70229-X

Canada

UNIVERSITY OF ALBERTA

RELEASE FORM

NAME OF AUTHOR: DIANE LYNN GAMBLE

TITLE OF THESIS: BREASTFEEDING: THE MALE PERSPECTIVE

DEGREE: MASTER OF NURSING

YEAR DEGREE GRANTED: FALL 1991

Permission is hereby granted to the University of Alberta Library to reproduce single copies of this thesis and to lend or sell such copies for private, scholary or scientific research purposes only.

The author reserves all other publication and other rights in association with the copyright in the thesis, and except as hereinbefore provided neither the thesis nor any substantial portion thereof may be printed or otherwise reproduced in any material form whatever without the author's prior written permission.

diane gamble

# 3 - 8000 Richter Street
Kelowna, British Columbia
V1Y 8M5

Date: July 29, 1991

It's hard enough being a male in the 80's, and of course it's hard to be a woman and be pregnant and have a child obviously, but as a man you're always a bystander. You're watching your wife have morning sickness and you're watching her giving birth and then inevitably you're watching her raise the child. That ends up being the next step for a lot of these guys. And breastfeeding is just another thing that sort of reinforces it and so I thought you really should bring a man into this process and say look guys, here's how you can be involved in this and just sort of bring a male perspective into the whole process because you never get that.

An Involved Father

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled BREASTFEEDING: THE MALE PERSPECTIVE submitted by DIANE LYNN GAMBLE in partial fulfillment of the requirements for the degree of MASTER OF NURSING.

J. M. Morse
Dr. J. Morse (Supervisor)

M Harrison
Dr. M. Harrison

Z Hawrysh
Dr. Z. Hawrysh

Date: July 29, 1991

To the memory of my father,

David Johnston Gamble,

from whom I first learned that fathers make a difference.

ABSTRACT

Although male partners influence the course of breastfeeding, there has been no systematic examination of the male perspective of breastfeeding. Thus, the purpose of this study was to examine the male view of breastfeeding. The study was conducted using the grounded theory method. Interviews with 14 fathers of breastfed infants provided the data for the study. The focus of the findings was the father-infant relationship. As a result of breastfeeding, fathers reported a disparity in the types of relationship that their child had with each of its parents. The process that enabled the fathers to accept this perceived difference and continue to support their wife in breastfeeding was labelled *postponing*. Postponing occurred within the larger context of a desire to have breastfeeding succeed. The phases of postponing include becoming aware of the discrepancy, the simultaneous development of accepting strategies and acknowledgement of reinforcing factors, and finally the development of compensating behaviors to increase their interaction with their infant and promote a closer relationship. Three different fathering styles, the involved father, the assistor father and the supervisor father, were identified that explained variation in the postponing. Further investigation is needed to verify, strengthen and further develop the theoretical model developed in this study. Research is also needed to develop and evaluate interventions to assist male partners in breastfeeding families and ultimately promote breastfeeding. The findings of this study will serve as a foundation for further work.

Acknowledgements

The first acknowledgement goes to my thesis committee whose patience and guidance was unfailing. To Dr. Janice Morse for her incredible knowledge of qualitative research, her humor, support and for the provision of spontaneous chocolate breaks. To Dr. Margaret Harrison for her consistent encouragement and thoughtful suggestions. To Dr. Zenia Hawrysh for providing a different perspective and for her kindness.

The second acknowledgement goes to Karen McGeary and Joyce Relyea, who exemplify all the best qualities of nurse-midwives. They started as my instructors but became my first friends at the University of Alberta. Their never-ending confidence in my abilities, their capacity to rescue any situation with humor and their consistent friendship made the hard times easier.

Third, I wish to acknowledge Dr. Peggy Anne Field, who made a novice teacher's first year easier and has been a consistent source of insight and encouragement ever since.

Fourth, I wish to acknowledge my peers in the graduate program. We shared the best of times and the worst of times and now I have the best of friends. I also want to thank my new colleagues at Okanagan College who have provided an environment for growth and excellence.

Finally, I wish to acknowledge my family whose love sustains me always.

This research study was supported by grants from the Canadian Red Cross Society and the Alberta Foundation for Nursing Research.

TABLE OF CONTENTS

page

CHAPTER

I. INTRODUCTION 1

Statement of the Problem 1

Purpose of the Study 2

Research Questions 2

Organization of Thesis 3

II. REVIEW OF THE LITERATURE 4

Introduction 4

Analysis 4

Male Influence on Breastfeeding 4

Male Response to Breastfeeding 10

Summary 12

III. METHODS 14

Qualitative Methods 14

Grounded Theory 15

Research Design 16

Theoretical Sampling 17

Sample Characteristics 18

Data Collection 19

Data Analysis 23

Methodological Rigour 27

Ethical Considerations 29

IV. FINDINGS 31

- Father-Infant Relationship 31
- Process of Postponing 33
  - Prenatal Preconditions 36
    - Increasing Breastfeeding Knowledge 36
    - Breastfeeding Expectations 40
    - Parenting Expectations 43
  - Making Breastfeeding Work 44
  - Becoming Aware 48
  - Accepting Strategies 53
  - Reinforcing Factors 55
  - Compensating Behaviors 59
  - Catching Up 63
- Fathering Typology 64
  - Caretaking 66
  - Decisionmaking 66
- Involved 68
- Assitor 71
- Supervisor 72
- Detached 74
- Summary 75

V. DISCUSSION 76

- Discussion of Research Method 76
  - Grounded Theory 76
  - Telephone Interviews 77

Discussion of Findings 78

Persistence 79

Emotional Responses 80

Cognitive Dissonance 81

Social Support 81

Fathering Styles 83

Involvement 84

Implications of the Findings 86

Suggestions for Further Research 88

Summary 90

REFERENCES 92

APPENDIX 102

LIST OF FIGURES

Figure	Description	Page
1.	Time of Intended and Actual Weaning	20
2.	Components of Making Breastfeeding Work	34
3.	Components of Postponing	35
4.	Typology of Fathering Styles	65

I. INTRODUCTION

Statement of the Problem

Breastmilk is widely acknowledged as the optimum form of nutrition for infants. (American Academy of Pediatrics, 1978; Canadian Pediatric Society, 1978). New nutritional and health related benefits of breastfeeding are constantly being reported in both lay and professional journals. Because of the superiority of breastmilk, health professionals have exerted great effort to increase both the rate and duration of breastfeeding (Myres, Watson & Harrison, 1981). Despite these efforts breastfeeding rates continue to decline throughout the early postnatal period (Fieldhouse, 1984; Goodine & Fried, 1984; Feinstein, Berkelhamer, Gruszka, Wong & Carey, 1986; McNally, Hendricks & Horowitz, 1985; Yeung, Pennell, Leung & Hall, 1981). This indicates that the focus of previous research has not provided a basis for the development of sound, effective interventions to influence breastfeeding practices (Ewing & Morse, 1989).

Breastfeeding is a complex phenomenon with physical, biological, psychological, and sociological aspects. Yet little research has attempted to tease out and clarify the relationships between these components in order to develop a comprehensive view of the phenomenon. The physical and biological aspects of breastfeeding have been extensively studied, but there are many gaps in our knowledge of the psychological and sociological factors that influence breastfeeding practice. Richards (1982) has noted that "the psychological and social aspects are still often ignored to the detriment of the health of children and their parents". (p. 37)

Also indicative of the narrow focus of previous breastfeeding research is the focus on the mother-infant dyad neglecting other members of their family, extended family and support system. This artificial delineation of the breastfeeding pair from the larger social context persists despite indications that many factors influence the course of breastfeeding. Specifically, both the lay and professional literature indicate that male partners influence maternal decisions to breastfeed and decisions to wean. Thus, the emphasis on the nutritional and physical aspects of breastfeeding and the failure to look beyond the mother-infant dyad for factors influencing breastfeeding has resulted in a fragmented understanding of the topic.

If we acknowledge that breastfeeding is more than a physiological process and that it is a behavior that takes place within the context of a family, then the need to examine the the father's viewpoint would seem self-evident. However, there has been no scientific, systematic examination of the day-to-day realities of breastfeeding from the father's perspective. Because of this gap in the literature, nurses whose responsibility it is to educate and support childbearing families are presently basing their actions on partial accounts of what is actually occurring in these families. There is a need to examine the father's role and for theory development in this area.

Purpose of the Study

Nurses play an important role in assisting families with infants to successfully breastfeed. Truly effective care is not possible without a more comprehensive understanding of the phenomenon. Yet much remains to be known about the many aspects of breastfeeding, including how men respond to breastfeeding and what factors influence their response. Thus the purpose of the study was to identify, to describe and to provide a theoretical analysis of the experience of a man whose partner breastfeeds. It was expected the study would further understanding of :

1) these men's fathering and spousal experience,
2) the factors influencing the male response to breastfeeding,
3) the male role in maintaining and discontinuing breastfeeding.

Research Questions

May (1989) states the research questions in grounded theory must be broad enough to allow a focus to develop from the data. Thus, general questions were developed to guide the research. Strauss & Corbin (1990) note that the questions asked in grounded theory study must enable researchers to find answers to issues that seem important but as yet seem unanswered. As Stern (1985) states that the final refined research question comes at the end of the study, the questions developed were intended to be very broad in order to prevent premature closure of the informant's viewpoint. The following questions were developed to initially focus the research:

1. How do men describe their experiences as a father in a breastfeeding family?
2. How do men describe their experiences as a spouse in a breastfeeding family?
3. How do men describe their role in a breastfeeding family?
4. What factors do men report as influencing their response to breastfeeding?

Organization of the Thesis

This thesis has been organized into five chapters. The first chapter includes a statement of the problem and rationale for this investigation. This chapter also includes the research questions that guided the study. Chapter 2 provides an overview of the literature on the topic of men and breastfeeding. This chapter is divided into two sections. The first section presents the literature on the effect of male partners on breastfeeding and the second section presents a review of the literature on the male response to breastfeeding.

Chapter Three includes a detailed description of the design of the study. This includes a discussion of sampling decisions, data analysis and measures to ensure ethical conduct of the study. A description of the the informants is presented in this chapter.

The findings of this study are presented in Chapter Four. The Basic Social Process of postponing in the father-infant relationship is the focal point of this chapter.

Chapter Five presents a discussion of the findings in light of the related literature. Recommendations for further research and implications for nursing conclude the chapter.

II. REVIEW OF THE LITERATURE

Introduction

In grounded theory, the initial purpose of the literature review is to identify the scope, range, intent and type of research that has previously been done (Chenitz, 1986). Although there has been documentation of breastfeeding experience for women (Bottorff, 1990; Kitzinger, 1983; Maclean, 1990), there has been no examination of the related male experience. Further, the majority of available information is anecdotal and not the result of systematic inquiry. This chapter consists of an analysis of the two prevalent approaches presented in the literature on the topic of men and breastfeeding and outlines the need for investigation of breastfeeding from the male perspective.

Analysis

Despite the vast amount of literature available on breastfeeding, the male role has escaped the attention of both investigators and clinicians. In fact, the male perspective on breastfeeding is discussed in only three articles in professional journals (one in a nursing journal, two in psychiatric journals). This may be accounted for by the fact that the breastfeeding has generally been studied in isolation from the family unit (Morse & Harrison, 1987). As a result, lay publications provide the majority of information regarding males and breastfeeding. Therefore, in order to determine the state of knowledge in this area, the lay literature, nursing texts, medical texts and research regarding the breastfeeding woman's view of her partner's role were also reviewed. Based on this review the topic will be discussed in terms of the males' effects upon and response to breastfeeding.

How Male Partners Affect Breastfeeding

The first approach, most commonly found in the nursing and medical research literature, examines the influence of male partners on breastfeeding decision-making, breastfeeding continuation and breastfeeding cessation. The majority of these correlational studies used a questionnaire format to determine factors influencing women's breastfeeding decision making. Male partners were found to affect the decision to breastfeed. However, cultural differences were apparent in the extent of this influence on the woman's decision.

Sullivan & Jones (1986) surveyed 121 low-income black women in the southern United States. When comparing women who made an early decision to breastfeed with those who decided not to breastfeed, it was found the breastfeeding women were most likely to be influenced by their mothers or relatives. Those women who bottlefed were most likely to be influenced by their male partner. Bottlefeeders perceived breastfeeding as being inconvenient or causing embarrassment or discomfort. Whether these perceptions reflected or paralleled those of their male partners was not addressed.

Scrimshaw, Engle, Arnold, & Hayes (1987), in a similar study, sampled 291 Mexican women living in Los Angeles. Subjects were interviewed during their last trimester and again at two to seven days postpartum. More married than unmarried women planned to breastfeed and their husbands were reported to be an important influence in favor of this decision. However, 15 per cent of the women who bottlefed their infants reported that they made this choice because their husbands were against breastfeeding. In both of the previous studies only the mother's reports of their partner's view were addressed and the specific reasons for the husband's opposition to breastfeeding were not given.

Concerned with the rapid decline in breastfeeding among Mexican-American women, Sweeney & Gulino (1987), examined factors associated with breastfeeding adoption. A prospective design was used to compare beliefs at the time of delivery with breastfeeding action at six weeks postpartum. Subjects used Likert scales to rate the extent to which family and friends influenced the decision to breastfeed. A relative ranking of mean scores indicated that mothers had the most influence, while husbands or partners came a close second. In a multiple regression analysis, the only significant interpersonal influence for predicting feeding behavior at six weeks postpartum, was that of the husband or partner. The authors noted that the influence of Mexican-American husbands on breastfeeding continuation was similar to that of Anglo-Americans and may be a result of acculturation to the dominant American culture.

Baranowski et al. (1983), in a multicultural survey, reported differences in the influence men had on their partners' decision to breastfeed. In this study, 379 women completed a questionnaire within the first 48 hours postpartum. Subjects specified who influenced their decision to breastfeed. They also used a Likert scale to rate how much support they were likely to receive from significant individuals in their environment to continue breastfeeding. More married women than single women intended to breastfeed. Among those who were married, husbands were reported to influence the feeding decision most in both Anglo and Black-American families. In Mexican-American families, mothers exerted approximately as much influence as husbands.

In the Anglo-American group, as the perceived level of support for breastfeeding from the male partner increased, there was a dramatic and statistically significant increase in the proportion of mothers who intended to breastfeed. The number of mothers who chose to breastfeed as a result of partner support, although statistically significant, was not as dramatic in Mexican-American families. In Black families, male partner support did not affect the decision to breastfeed. The researchers concluded that the key person to reach in order to increase the likelihood of breastfeeding would vary by cultural group.

In a longitudinal Canadian study, Bloom, Goldbloom, Robinson & Stevens (1982), surveyed 539 mothers three days after delivery to determine the characteristics associated with the decision to breastfeed or bottlefeed. The mothers reported that decisions to breastfeed were based on their own feelings, their previous experience, on necessity and also on advice received. Based on the mothers' reports, it was found that the father's preference was positively correlated with the decision to breastfeed. However, fathers were also reported to influence the decision to bottlefeed. Whether or not the strength of the father's preference for a particular feeding practice affected the mother's decision was not addressed.

In the second stage of the study, Bloom et al. (1982) examined factors influencing the continuation of breastfeeding. From the original survey, 249 breastfeeding women were contacted at six weeks, three months and six months after delivery to assess the timing of and reasons for the discontinuation of breastfeeding. Forty five percent of women had discontinued by three months postpartum. It was found that women breastfed longer if their husbands preferred that the infant be breastfed. Fathers who favored breastfeeding were characterized by a higher occupational status.

In all of these studies, response range is limited as the sources of influence for the mothers were preidentified by the researchers. Therefore, it is possible that important influencing people or sources were excluded *a priori* by the investigators. Further, it is unclear whether the father's preference for bottlefeeding has been equated with opposition to breastfeeding. Therefore, caution should be used when interpreting the results. Despite the methodological shortcomings noted, there is an indication that mothers think their male partners positively or negatively affected their feeding decisions. However, because in all of these studies, the husband's view of breastfeeding is provided second hand, we have no knowledge about the factors influencing the father's feeding preference and little ability to predict who would be supportive and who would not. Although there is some indication that there may be cultural differences in male influence on the decision to breastfeed, no effort has been directed towards an examination of the social and cultural factors which influence the male response to breastfeeding.

Once breastfeeding has been established, support from the male partner continues to be an important influence. Husband support is promoted as a crucial factor in successful breastfeeding in the lay literature (Hotchner, 1979; Huggins, 1986; La Leche League, 1987; Muenchow & Bloom-Feshbach, 1982; Sears, 1986; Woessner, Lawrers &

Bernard, 1987). Partner support, as perceived by the breastfeeding woman, has also been associated with the duration of breastfeeding in number of studies (Albers, 1981; Beske & Garvis, 1982; Hewat & Ellis, 1984; Lynch, Koch, Hislop & Goldman, 1986; Raphael, 1973; Rousseau, Lescop, Fontain, Lambert, & Roy, 1982).

Support provided by male partners during breastfeeding has been assessed in a variety of ways. Lynch et al. (1986), used a randomized controlled trial of 270 Canadian mothers to study the effect of a lactation consultant on the duration of breastfeeding. Although the intervention of the consultant was not found to extend the length of time subjects breastfed, supportive husbands did have a statistically significant effect on breastfeeding duration.

Hewat and Ellis (1984), retrospectively interviewed a matched sample of 40 Canadian women to identify factors that influence breastfeeding. Twenty of the subjects had breastfed less than two months and 20 had breastfed 6-14 months. Unlike the studies previously cited, the authors conducted unstructured interviews to collect data. Data were analyzed inductively to arrive at factors that were identified by the subjects. Three kinds of partner support were identified: (a) physical support; defined as household help and child care, (b) emotional support; viewed as verbal encouragement that breastfeeding is progressing well, and (c) psychological support; described as sensitivity to the mother's feelings. All subjects reported receiving physical support, but those women who breastfed the longest indicated their husbands also provided emotional and psychological assistance. This study provides the most specific indication of the means by which husbands can positively affect breastfeeding. Again because no males have been studied, we cannot understand what motivates these men to provide support and what the personal consequences of providing such support are.

Beske and Garvis (1982) surveyed 94 breastfeeding women. Subjects completed the questionnaires at three different time periods; in hospital post delivery, at one month and at six months or when weaning was completed. The baby's father was the predominant source of encouragement for women who breastfed for a short period of time (less than 89 days). Mothers who breastfed for more than 89 days were considered to be long term breastfeeders. Thirty eight percent of these mothers rated the infant as their primary source of encouragement for breastfeeding while male partners were the major source of support for 24.6 percent. At the time of the weaning, fathers were also noted to be a source of discouragement for breastfeeding.

These results are consistent with Morse and Harrison's (1987) proposed theory of social coercion for weaning. Based on a longitudinal, inductive study of 30 breastfeeding women, the authors postulated that weaning occurs when significant individuals in a mother's environment withdraw support for breastfeeding. The mothers reported that their partners were the individuals who remained supportive of breastfeeding the longest. Partners withdrew their support at approximately twelve months postpartum and the mothers weaned soon thereafter. By withdrawing their support these partners reflected the larger societal and cultural norms of when breastfeeding should cease. Yet, as they remained supportive of breastfeeding for two months longer than the maternal grandmothers, other factors obviously influenced the male spouses' support. Unfortunately, the factors that enabled the fathers to resist societal pressures for this time period were not addressed. It is obvious that interventions to support men in resisting societal pressures to withdraw support for breastfeeding and indirectly affect breastfeeding duration cannot be developed until such knowledge is known.

Sears (1986) also discussed the paternal role in weaning. In a prescriptive lay guide for fathers, he stressed that the husband's only role was to support the mother when she decided to wean. This perspective ignores the very real concerns and beliefs that the partner may hold about when breastfeeding ceases to be appropriate. Again, more knowledge is required before professionals can counsel or provide appropriate advice to males in breastfeeding families.

Rousseau et al. (1982), in another study to determine the factors that influence the choice of feeding method and the duration of breastfeeding, interviewed 187 mothers. The study was longitudinal, with interviews occurring before 48 hours postpartum, at three to five months postpartum and at eight to nine months postpartum. During the last interview, subjects were asked to rate their husband's breastfeeding experience. Eighty percent of women reported their husband's breastfeeding experience as "good". Responses to questions such as these provide us with no indication of the dimensions or complexity of the male experience. One word forced answers routed through their wive's perceptions cannot capture the depth and richness of the experience of a father in a breastfeeding family. It is obvious that different methods are needed to elicit the male response to breastfeeding.

How Male Partners Respond to Breastfeeding

The second approach found in the literature, is to examine how male partners respond to breastfeeding. Although lay breastfeeding publications emphasize the benefits of breastfeeding for fathers (La Leche League, 1987; Sears, 1986; Woessner, Lawrers, & Bernard, 1987), lay guides to breastfeeding also mention possible negative male reactions to breastfeeding and offer suggestions to prevent or reduce problems. In contrast, the tone of the professional literature is overwhelmingly negative. (Lerner, 1979; Waletzky, 1979).

Envy and sexual difficulties are the most commonly reported male reactions in both the lay and professional literature (Hotchner, 1979; Lerner, 1979; Lawrence, 1985; Jordan, 1986; Kitzinger, 1985; Minchin, 1985; Waletzky, 1979). Envy is thought to be related to the exclusion of the father from the closeness experienced by the mother and child during feeding. A partner may also be envious and at times frustrated because he has no similar way to bring food and contentment to the child. Lerner (1979) further reports that jealousy may be an unexpected emotion and that many fathers may be ashamed of these feelings. The sexual difficulties experienced by fathers are may be related to the close association of the breast with sex in our culture (Jordan, 1986) and the fact that men may find their partner's lactating breasts offensive (Lerner, 1979; Olds, London, & Ladewig, 1984). Male sexual dysfunction may also be precipitated by alterations in the female sexual response related to fatigue and hormonal changes (Lerner, 1979; Riordan, 1983; Minchin, 1985; Waletzky, 1979).

Three professional articles have been written on the topic of males and breastfeeding. Jordan (1986), a nurse, regards breastfeeding as a risk factor for fathers. Because of the negative responses listed above the author believes there are risks to the marital relationship, breastfeeding success and father-infant attachment. She postulates that envy of the childbearing capabilities of women, competition for their wive's attention and the closeness of the mother-infant dyad causes negative paternal reactions. She then recommends interventions directed at involving the father in child care, nurturing the parenting couple and improving communication. Although it is unlikely recommendations such as these would be harmful, they are premature. Truly effective recommendations cannot be planned until a more accurate understanding of the male response to breastfeeding is achieved.

In the remaining two professional articles, Lerner (1979) and Waletzky (1979) use a psychoanalytic framework to describe negative emotional and psychological reactions of fathers of breastfed infants. They stress that negative male reactions are frequently considered to be unimportant. But when one considers that partner support or lack of it is a factor in breastfeeding duration, these male concerns deserve further consideration. The reactions they described may be extreme and at present we lack understanding of the prevalence of such intense emotions and subsequent behaviors. Surely just as some men adjust negatively to breastfeeding, some men adjust positively. To date no research effort has been directed towards examination of factors which facilitate positive adjustment to breastfeeding. By understanding how men adapt successfully to breastfeeding we may be able to assist others to prepare for or avert potential negative paternal consequences of breastfeeding.

In addition, it should be noted that the findings presented by Lerner (1979), Waletzky (1979) and Jordan (1986) are merely clinical impressions based on a few case studies. Although male responses to breastfeeding are described, without systematic inquiry we can only postulate why these responses might occur and what meaning they might hold for individuals. Researchers have failed to use men in breastfeeding families as a source of illumination about the emotional and behavioral responses the men are experiencing. As a result many questions remain to be answered about males in breastfeeding families. For example, we need to determine how men positively or negatively respond to breastfeeding within their family context and what conditions affect this response.

A further shortcoming of these articles is the apparent underlying assumption that for most men the reaction to breastfeeding is both static and unidimensional. It would seem likely that male reactions would be as dynamic and complex as any other human phenomenon. However, the process by which an individual acts upon his emotional response to breastfeeding and the effect of this action on the male fathering and spousal experience remains unclear.

Summary

Despite copious research on the topic of breastfeeding, breastfeeding duration has not increased. Although breastfeeding occurs in a family context, most previous research has been conducted from a medical perspective with an emphasis on the quantity and quality of breastmilk (Ewing & Morse, 1989). Behavioral research has focused only on the maternal-infant dyad, ignoring the larger familial and societal context. From a family systems perspective all elements of the family are seen to be in interaction with one another (Broderick & Smith, 1979). An action in one facet of the family system causes reciprocal reactions in other parts of the system. Thus comprehensive knowledge of breastfeeding cannot occur without understanding of the elements and their interrelationships. Further knowledge of the individual perception (i.e. fathers) of family events are key to better understanding family dynamics (Wright & Leahey, 1984) surrounding breastfeeding dynamics .

Clearly there is a need to study the father's response to breastfeeding. Although biologically excluded from breastfeeding, the father's presence, approval and/or disapproval must surely affect the initiation and continuation of the breastfeeding process. It is obvious that we presently have a very limited and fragmented body of knowledge on the male perspective of breastfeeding. If nurses are to assist breastfeeding families, it is essential that we further our knowledge of the male experience. Only then will we be able to develop interventions to promote breastfeeding and address the needs of all family members.

III. METHODS

When conducting any study, decisions about the appropriate choice of method should be directed by the research question, the purpose of the study, and the nature of the phenomena to be studied (Bogdan & Biklen, 1982; Diers, 1979; Field & Morse, 1985; Reichardt & Cook, 1979). Further, all subsequent decisions related to the investigation should be congruent with this criteria. In the following chapter, the decision to use a qualitative method will be outlined, an overview of grounded theory presented, and the consequent sampling, data collection, and analysis decisions made in this study will be discussed in detail. As well, the steps taken to ensure methodological rigor and ethical conduct during the study will be addressed.

Qualitative Methods

The purpose of this study was to examine the experience of men whose partners breastfeed. It is evident from the review of the literature that little is known regarding the male response to breastfeeding, and much of what does exist is anecdotal in nature. It is generally agreed that qualitative research methods are best suited to address questions in areas where there is a paucity of knowledge (Bogdan & Biklen, 1982; Field & Morse, 1985). When little scientific knowledge exists, the research aim is to discover and relate pertinent factors or salient concepts integral to a particular phenomenon, and not to confirm or verify the phenomenon (Diers, 1979; Field & Morse, 1985). In exploratory research it is not feasible to use quantitative methods because the relevant variables and concepts have yet to be discovered (Stern, 1985).

Qualitative analysis focuses on the emic perspective, that is, the individual's view of a situation and the meaning that it holds. Qualitative methods are used to elicit subjective perceptions, experiences, and further understanding of context dependent relationships (Leininger, 1985; Mishler, 1979). When data are intimately derived from the emic experience, the relevance of the variables identified is enhanced, and fragmented understanding of a phenomena is reduced (Mishler, 1979). As a holistic picture of the male view of the breastfeeding family was desired, the decision was made to use a qualitative form of investigation.

Grounded Theory

Grounded theory was chosen as the qualitative method best suited to investigate this research problem. Its origins are derived from the symbolic interaction theory. This is a theory that postulates that meaning is derived from experience and that human behavior is a result of the meaning and value that an object, event or situation comes to hold for individuals (Blumer, 1969). These philosophical presuppositions guide grounded theorists' belief that participants act in ways that make sense to them and develop social psychological processes to deal with their situations (Artinian, 1986; Glaser, 1978).

Grounded theory is a method of systematic investigation that furthers understanding of the way a specific group of people define their reality (Chenitz & Swanson, 1986). The method addresses the question of what is occurring in a given situation (Morse & Johnson, 1990). An assumption of grounded theory is that any group shares an unarticulated social problem. Thus, an aim of the method is to discover the problem for individuals in a situation, such as male partners in breastfeeding families, and to elucidate how individuals in this situation process the problem (Wilson & Hutchinson, 1991).

During data analysis the researcher identifies and traces the social process(es) present in a situation. The dimensions, characteristics and the conditions under which these processes occur are identified. The results of grounded theory go beyond mere description of what is occurring in a particular situation. Data is conceptualized, interpreted and related to form a conceptual scheme (Strauss & Corbin, 1990). Initially, grounded theory is used to delineate the concepts central to the phenomenon being studied. While hypotheses about the relationships between these concepts may also be developed, the ultimate goal of grounded theory is to generate a theory that accurately explains the reality of the individuals under study and accounts for the behavior variation present in the informants (Glaser & Strauss,1967).

Grounded theory is inductive, that is one begins with an "area of study and what is relevant to that area is allowed to emerge." (Strauss & Corbin, 1990, p. 23) Thus, rather than using the data to verify existing theory, this theoretical explanation is derived from and verified by data in a system of ongoing data collection and analysis (Chenitz & Swanson, 1986; Glaser, 1978; Glaser & Strauss, 1967; Stern, 1985; Strauss, 1987).

Although the theory developed must always be grounded in the data, different researchers examining the same phenomenon may derive different, yet equally plausible theories from the same data. This occurs because each researcher has an unique theoretical sensitivity to the data. Theoretical sensitivity refers to the personal ability of the researcher to be be insightful, to give meaning to data, to understand and to illuminate the pertinent features of the information received from participants (Strauss & Corbin, 1990). There are two main sources of theoretical sensitivity. The first source is the researcher's background professional and personal experience. The second source is the researcher's intimate, ongoing and evolving interaction with the data. As researchers come to the same research setting with variable backgrounds, different aspects of the data will be highlighted by one researcher and not by others. But as theoretical sensitivity also originates from the constant checking and verification of all conceptualizations with the data, each investigator's theory should accurately portray what is occurring for the informants studied and make sense to those knowledgeable in the topic area.

Research Design

The research design will be presented using the topic headings of theoretical sampling, sample characteristics, data collection and data analysis.

Strauss (1987), one of the developers of grounded theory, does not conceptualize grounded theory as a specific method or technique. He views it as a style of analysis that has distinct features that include theoretical sampling and the use of the methodological guidelines of making constant comparisons and the use of a coding paradigm (Strauss, 1987).

Theoretical Sampling

In accordance with Strauss guidelines, theoretical or purposeful sampling was used. This form of sampling involves selecting the best informant to meet the informational requirements of the study (Diers, 1979; Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987, Strauss & Corbin, 1990). As a result, the type of informant sought to expand and verify the theory late in the data collection process, may be very different from those informants sampled initially. Further, a "good" informant must be knowledgeable about the topic, articulate, and willing to participate. To this end, informants whose partners had breastfed 3 to 6 months and were breastfeeding at the time of the interview were sought. By virtue of at least 3 months involvement in a breastfeeding family, these individuals were experts in the topic of interest and were able to provide a broad general understanding of the male experience. These participants were accessed through newspaper advertisements and articles which described the purpose of the study and requested interested individuals to contact the researcher. As well, similar notices were posted at community league centers, supermarkets, and the local University campus.

These methods resulted in 6 appropriate volunteers being interviewed during the first round of interviews. As data from these interviews was analyzed, it became obvious more data on prenatal and early postnatal breastfeeding experiences were needed. Thus information gathered from these early interviews directed the focus of further sampling to first-time fathers whose infants were not yet born or were less than 3 weeks old. These informants were sought to verify emerging concepts and enrich the data. Three fathers meeting these criteria were obtained from prenatal classes presented by a local childbirth education group. A class instructor approached potential subjects, explained the purpose of the study, and gave the researcher a list of interested fathers. These volunteers were then contacted by the researcher. Another father whose wife was in the last trimester of her pregnancy was referred by a colleague. As data from individuals in the second group of informants were analyzed, the researcher then sought informants whose children had completed breastfeeding or were in the process of weaning.

These four remaining participants were referred by colleagues. These informants were interviewed to provide a retrospective and perhaps more reflective perspective on the total breastfeeding experience. They were selected in order to enrich the understanding of the phenomena, to clarify and expand certain points, and to validate the theory.

The open, purposeful selection of informants resulted in a variety of backgrounds and experiences being sampled. This, in turn, ensured the variability of responses and enriched the data analysis.

Morse (1989) stipulates that a good informant, as well as being knowledgeable, must be willing to share this knowledge and be capable of reflecting upon and articulately relating his or her experience. Thus, some volunteers were better informants than others, and secondary selection was used to determine if the participant would be retained after the first interview. The number of interviews conducted with each informant depended on the descriptive ability and insight of the individual and the relevance of their experience to the developing theory. The number of interviews conducted with each subject varied from one to three interviews. In total 24 interviews were conducted with fourteen informants.

Sample Characteristics

As Glaser (1978) stresses that demographic variables cannot be assumed to have any analytical relevance until data analysis indicates that they are germane to the developing theory, the characteristics of the sample will be presented for descriptive purposes only. All the informants spoke English and resided in the city where the study was conducted. According to the recommendation of Ford & Reutter (1990) to maintain the anonymity of the participants, only aggregate demographic data will be presented. Eight were first-time fathers, 5 had two children, and one had three. The fathers varied in age, marital status, education, and occupation. The age range of the participants was from 22 to 35 years, with a mean of 30.2 years. Their spouses ranged in age from 22 to 37 years of age, with a mean of 30 years.

One informant was in a common-law relationship of 2 years duration. The remainder of the informants had been married for between 1 and 11 years, with a mean of 4.9 years.

In general, the sample was well educated. Twelve of the subjects had between two and eight years post-secondary education. The mean for this group was 4.1 years of post-secondary education. The remaining two informants had completed grade twelve.

At the time of the interviews, one informant was unemployed, another was a laborer, two were graduate students, one was an academic, four were professionals, and the remaining five held a variety of white collar positions.

Although each informant felt he was part of a family in which breastfeeding was successful, the actual method of breastfeeding and duration of breastfeeding varied considerably. Eight of the infants were totally breastfed for at least the first four months of life. In these instances, although it may have been given by bottle, the infant received only breastmilk. One family began to supplement breastfeeding at birth with at least one bottle of formula daily. Four families began to offer the occasional (less than once a week) bottle of supplemental formula when the infant was about one month old. The last family introduced pablum and supplemental formula at about three weeks postpartum. This infant was totally weaned by three months of age. As the majority of the infants were not yet weaned at the time of the interview, the informants were asked at what age it was expected the infant would be weaned. Thus, data presented on weaning includes actual weaning ages and intended weaning ages (see Table 1).

Data Collection

In the initial phase of sampling all interested volunteers were asked to call the

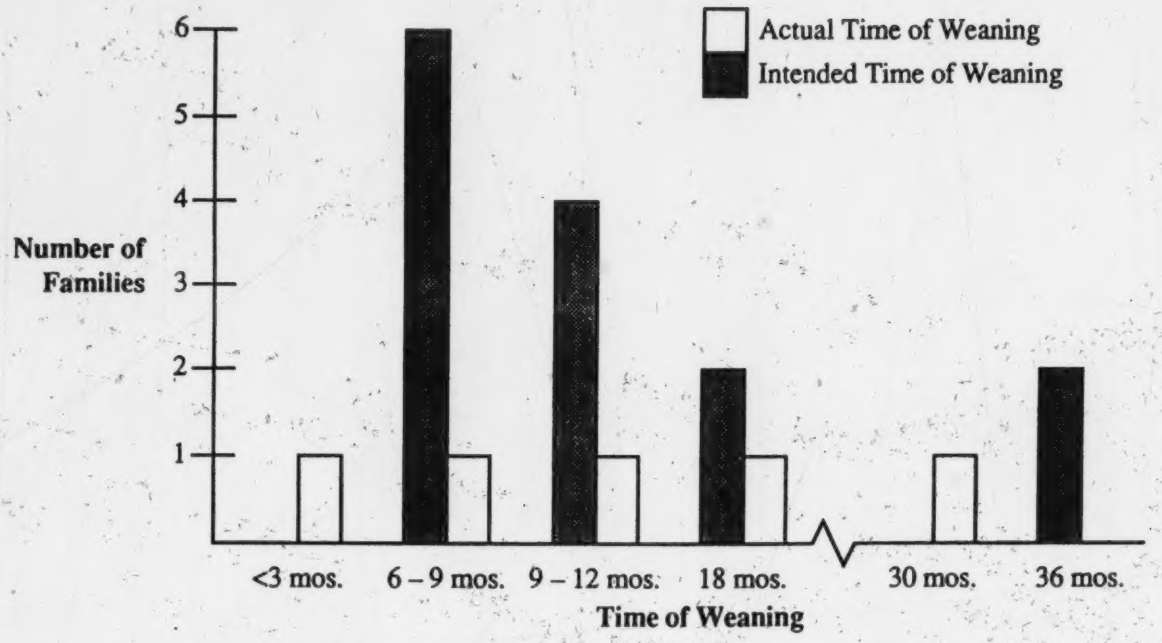

Figure 1: Time of Intended and Actual Weaning

investigator. All these calls were screened through an answering machine. The investigator contacted all potential informants by phone, ascertained that the volunteer met the needs of the study, and explained the purpose of the study. A mutually convenient time for a telephone interview was then arranged. The informants were given the option of being interviewed at their home or their place of work. Only one chose to be interviewed at work.

Although the informants were asked to pick a time when they could speak freely and without interruptions, during the second interview it became obvious that the spouse was able to hear the informant's responses, occasionally suppling the answers to questions. As a result, when arranging the subsequent interviews, the researcher also explained the reasons why the informants should be in a separate room where they could talk with complete candor and without interruptions. After this discussion was added to the explanatory remarks about the study, problems with outside interferences were no longer noticed and the potential problem of the spouse inhibiting the informants' remarks was reduced.

These interviews, supplemented by notes and memos, provided the foundation for this investigation. The interviews were conducted over the phone, tape recorded, and lasted 40 minutes to one and a half hours. The telephone method was chosen because informants were comfortable speaking on the phone. The convenience and flexibility of telephone interviews meant there was minimal interference with the participants' other obligations.

All interviews were conducted by the investigator. The initial interview format was semi-structured and organized around the informant's experience in a breastfeeding family. This type of interview allowed for flexibility in the scope and depth of the subjects covered (May, 1989). To build rapport the investigator began the interview by chatting with the informant about their family, the birth of the baby and generally about their experience as a father. When the informants became comfortable talking, they were asked to share their perceptions of being the father of a breastfed child and the spouse of a breastfeeding woman. Some examples of questions used were:

1. Tell me about your experience as the father of a breastfed infant? How has the breastfeeding gone from your perspective? Please start when the baby was first born.
2. Has the experience been as you expected it would be? What differed?
3. Please tell me what it has been like to live with a woman who breastfeeds?
4. How has your relationship with your wife changed?
5. How was the decision to breastfeed made? What things influenced this decision?
6. How have friends /family /strangers responded to the breastfeeding? How did you deal with their reactions?
7. When do you think your child should be weaned? Why? Can a child be breastfeed too long? What happens if a child is breastfed too long?

At this time most of the men would discuss what they thought were the benefits and drawbacks of breastfeeding. The informants were also asked to discuss their first awareness and response to breastfeeding and how men talked about breastfeeding to each other.

The investigator's approach to the interviews was guided by her previous knowledge, observations, and experience as a nurse for childbearing families. Care was taken by the interviewer to subordinate her views to the discovery of the informant's perspective and rephrase subsequent questions to respond to the content of the informant's replies. Further questioning used the informant's language to seek clarification and elaboration (e.g., "What does 'natural' mean to you?").

The issues and concerns raised in these earlier interviews directed the course of subsequent interviews. Therefore, questions became more structured and specific as the researcher sought clarification of previously obtained data and new information. Comparison questions were used to compare the informants' experiences with others and elaborate on their responses (e.g., Some men mentioned that breastfeeding made them feel jealous or envious, how does that fit with your experience? Tell me more about that?). This allowed full development of the individual's viewpoint, and it also placed this view into a meaningful context for data analysis. At the end of each interview, permission for potential follow-up was obtained. This allowed for the recovery of missing data and further elaboration and verification of developing theory.

Data Analysis

A trademark of grounded theory is the simultaneous collection and analysis of data. The concurrence of these activities facilitates constant comparisons between data and furthers the asking of questions which support data analysis. Thus, initial coding began as soon as the first interview was completed. This lead to further theoretical sampling and increasingly structured data collection.

The interviews were tape-recorded and transcribed verbatim. To ensure accuracy, the researcher checked the transcripts while listening to the tapes. The interviews were transcribed with a wide right hand margin so that codes and notes could easily be written in this space. The left hand margin was used to color code each informant and interview. Before coding began the investigator carefully read through each interview to get a sense of the whole. The next step was for the the analyst to code the data into categories and then define, develop and integrate them (Corbin, 1986).

The transcripts were reviewed by the investigator, and all possible codes were identified. To do this coding the researcher continually asked questions of herself and of the data. By reading the data line by line and asking "what is this?" and "what is happening in this instance?", labels or codes that captured the incident or fact contained in the data were developed. Each interview was coded in this manner, and the codes were written on the transcript margins. Each code was compared with previous codes. Strauss (1987) calls this open coding.

As a result of the exploratory nature of the study the data represented a wide range of topics. To facilitate analysis, eight broad headings were initially used to organize the data. These headings were: "Talking about It", "Decision-Making", "Expectations of It", "Positive Aspects", "Negative Aspects", "Making It Work", "Private Face", which included data on the informant's relationship with their child and their spouse, and "Public Face", which included data on the reactions of family, friends and strangers to breastfeeding.

These headings were not mutually exclusive. For example some incidents placed under the heading of "Positive Aspects" also pertained to the heading "Private Face". Data such as this were included under both headings. As the coding progressed this overlapping of the data was useful in enabling the researcher to determine the links between the categories.

A file was created for each organizational heading and all data that was related to each heading were filed together. Each file, containing data from all the informants interviewed at that point in the analysis, was examined as a whole. Strauss's (1987) guidelines for data analysis emphasize use of the constant comparative method. In this instance, data from one informant was compared with that from the other informants. At the open coding level of this study, constant comparisons promoted the examination and condensation of the codes. These condensations resulted in categories being developed and labelled. A category is an abstraction of phenomena observed in the data (Corbin, 1986). For instance "dealing with my mother", "letting my wife sleep", " being responsible for the toddler" are all incidents from interviews that were placed under the heading of "making it work". As data analysis progressed these incidents were condensed into the category of "providing support". New files were made for each of the categories as they emerged and data were placed in the appropriate file. At this time 29 different codes were identified.

At the next level of coding, axial coding, the categories were built and linked together. For example, a category labelled "feeling peripheral" during open coding described the informant's sense that he was the outsider in the family. Initially this was thought to occur only in the early postpartum, but as fathers who had toddlers began to describe a similar phenomenon, the parameters of the category were expanded. By reading and rereading the data and asking questions such as "when does feeling peripheral occur?" and "what are the consequences of feeling peripheral?", the context, antecedents and consequences of each category were delineated. As the categories were built and densified, categories were combined. The concept of "feeling peripheral" at this time was combined with the category of "emotions" to become the "becoming aware".

At the axial level of coding links are hypothesized between these data. The data were continually consulted and further questions were asked of the informants to confirm the relationships between categories. Occasionally situations were found to be more complicated than first thought and hypotheses were modified. For example, at first the categories of "becoming aware", "reinforcing factors" and "accepting strategies" were thought to occur simultaneously. However, the researcher found that "becoming aware" had to occur before there was a need to use "accepting strategies" and before the influence of the "reinforcing factors"was felt.

After the linkages between the categories were established, the theory was drawn together around a core category. At this time the third level of the coding, selective coding occurred (Strauss, 1987). Glaser (1978) states at this coding level "the analyst delimits his coding to only those variables that relate to the core variable in sufficiently significant ways to be used in a parsimonious theory." (p. 62) Therefore in this study, although other categories relating to the spousal relationship, beliefs about weaning, breastfeeding in public, and outside influences on breastfeeding were identified, only the core category of *postponing* was further refined and developed. It became obvious that the categories of "becoming aware", "accepting strategies", "reinforcing factors", "compensating behaviors" and "catching up" were interrelated processes. This lead to the abstraction of a higher level concept which encompassed all five categories. This category was labelled *postponing*.

Postponing meets the criteria of core category as it encompasses all the other categories and explains the father's role in supporting the breastfeeding pair from birth to weaning. *Postponing* can also be termed a Basic Social Psychological Process (BSPP). BSPP are pervasive, variable and change overtime (Glaser, 1978). They also account for behavior in a social setting. Many changes occur during the period a child is breastfeeding. Postponing is the psychological process where fathers can continue to support breastfeeding despite the drawbacks of this feeding method for them. If breastfeeding is to be successful fathers must delay the development of certain aspects of their own relationship with the child. This will be discussed further in the findings chapter.

While coding each interview, the researcher continually made notes about the meaning of the codes and categories as they were appearing. These notes were useful for directing the course of theoretical sampling and further analytical development. Throughout the process, review and sorting of these notes served to organize and clarify the researcher's thoughts and eventually lead to refinement and verification of the theory. Discussions with colleagues during data analysis and the act of writing the results furthered the analytical process. This, in turn, facilitated clarification of linkages in the data and refinement of concepts.

Although the coding process has been described as occurring in a linear manner, the distinctions between the levels of coding are arbitrary and the different types of coding do not always take place sequentially (Strauss & Corbin, 1990). For instance, at times a researcher may move from one level of coding to another as some categories develop quickly from the data and the investigator can easily skip to a higher level of abstraction. However, all these categories and the linkages between them have been verified and confirmed by the data.

Methodological Rigor

There is an ongoing debate over the borrowing of quantitative research criteria and terminology to discuss the rigor of qualitative methods (Atwood & Hinds, 1986; Duffy, 1985; Goodwin & Goodwin, 1984; Le Compte & Goertz, 1982; Leininger, 1985) versus the use of criteria congruent with the nature of qualitative investigations (Morse, 1986, 1989; Sandelowski, 1986). As there are essential differences in the qualitative and quantitative methods of inquiry, it is reasonable that the criteria for evaluating the rigor of each differ. Thus, criteria relevant to the purpose and aims of qualitative research and actions taken to meet this criteria in all aspects of the study will be discussed in this section.

The sampling method for any qualitative study may be evaluated using two criteria. First, it must be appropriate and second, it must be adequate (Morse, 1986, 1989). The appropriateness of the sample reflects "the degree to which the choice of informants and method of selection 'fits' the purpose of the study (Morse, 1989, p. 122). The question then becomes: did the sample enhance understanding of the problem? The nonprobability, theoretical sampling used in this investigation maximized the likelihood of obtaining rich, insightful data. Subjects were selected not only on the basis of their experience with breastfeeding, but also on their receptivity to sharing their experiences. Initially, the informants for this study were selected based on their experience as a father of a breastfed infant or infants and as the spouse of a breastfeeding woman and on their openness and willingness to share. Although all the respondents volunteered to be interviewed two to three times, the investigator conducted subsequent interviews with those who presented the richest, most insightful and most reflective data. Theoretical sampling decisions made in this study resulted in sampling of a variety of male breastfeeding experiences, from the prenatal period until postweaning. The decisions that guided the sampling have been discussed earlier in this chapter.

The second sampling evaluation criterion is that of adequacy. Morse (1989) describes adequacy as "the relevance, completeness, and amount of information obtained" (p 123). In this study sampling ceased when new data were no longer being obtained and a sense of understanding about the fathers' perception of breastfeeding was achieved. Ultimately, adequacy of the sample will be assessed by subsequent evaluations of the theory.

Various strategies were undertaken to ensure that credible, rich, accurate data were obtained during interviews. May (1989) stresses that a balance between flexibility (openness to new data) and consistency (important questions asked of as many informants as possible for the purpose of comparability) must be achieved during an interview. She acknowledges this balance can be more readily achieved by a solo investigator. To further enhance consistency, this researcher systematically prepared for each interview by reviewing previous interviews, notes, and memos. Reminders were made of questions to be asked, and at several points during the interview, the researcher reviewed her notes to see where additional questioning was needed. Accuracy of the transcripts was checked by the investigator simultaneously reviewing the transcript and tape-recording for errors or omissions.

Sandelowski (1986) describes a broad framework, originally proposed by Guba and Lincoln (1981), for assessing the rigor of qualitative research. The criterion included in this framework include credibility, fittingness, auditability and confirmability. The rigor of the methods used this study will now be discussed using this framework.

In qualitative research, credibility occurs when the interpretations presented as representing a particular human experience are immediately recognized by the people having that experience as their own (Sandelowski, 1986). In other words, the investigator's portrayal is congruent with the informant's experience. As the core category *postponing* evolved during analysis, the researcher questioned six secondary informants as to its veracity relative to their own experience. All of these men confirmed the core category. The concept was also informally discussed with five fathers of breastfed infants who were not included in the study. With the exception of one of these men, the concept was verified as a credible representation of their experience.

The second criterion of fittingness occurs when the findings are meaningful and have application for readers (Sandelowski, 1986). The results of this study were discussed informally with postpartum nurses, community health nurses, lactation consultants, and women who had breastfed and were found to be useful for better understanding the male perspective of breastfeeding.

Auditability rather than reliability is the goal when qualitative methods are used to explore unique human situations. Auditability refers to the ability of other researchers to clearly follow the methodological reasoning used by the researcher to conduct the study. The major methodological decisions and social context of this study have been outlined earlier in the chapter.

The last criterion identified by Sandelowski (1986) is confirmability. Confirmability occurs when auditability, credibility and fittingness have been established. Thus, further determinations of the confirmability cannot occur until the results of this study are disseminated.

Ethical Considerations

In order to ensure the ethical conduct of this investigation, a number of strategies were undertaken. First, the study received ethical approval from the ethical review committee at the Faculty of Nursing, University of Alberta. Second, informed consents were obtained from all participants. The purpose of the study was explained, and any questions the informants had were answered before they gave their verbal telephone consent to participate (See Appendix A and B). This consent was tape-recorded on a separate tape kept solely for this purpose, and the recording was secured separately from the data tapes. The informants were aware of their ability to refuse to answer any questions, terminate an interview at any time, and to withdraw completely from the study.

A number of measures were taken to safeguard individual anonymity. The names and telephone numbers of the participants were only known to the investigator. All participants were assigned a code number, and only this number appeared on the tapes and transcripts. The transcriber and the researcher's thesis supervisor were the only other individuals who had access to the tapes and the transcripts. Potential identifying informant characteristics were changed when reporting the data. Upon completion of the study, the transcripts and tapes will be kept secured by the researcher.

IV. FINDINGS

The findings that relate to the male experience of breastfeeding are presented in this chapter. Although all aspects of this experience were discussed during the interviews, the findings presented here primarily focus on the father-infant relationship. The basic social psychological process (BSPP) in this relationship, *postponing*, and its major components will be discussed. Following this, the variance within these components will be addressed in a discussion of the differing fathering styles adopted by the informants. Verbatim statements will be used to illustrate the major findings and the similarities and differences among the informants. All identifying characteristics of the informants have been altered or removed to maintain anonymity.

Father Infant Relationship

The male experience of breastfeeding primarily revolves around the intimate relationships in a man's life. After the birth of a baby, the relationships of major concern to new fathers are the father-infant relationship, the spouse relationship, and the father/mother/infant triad. Although breastfeeding did affect the relationship they had with their wives and the functioning of the new family unit, the primary focus of these informants was their relationship with their infants.

Parenthood has long been viewed as a major developmental task or transition. By definition, transitions result in the acquisition of new roles and relationships. In this study, some informants were acquiring the new role of a father and others were simply expanding their parental role to include another child. Whether they were first, second, third, or fourth-time fathers, all of them had to establish a relationship with their new infant. The task of any new father is to create a relationship with his infant, with each interaction becoming a foundation for subsequent ones. In this study, questions posed by the researcher about the development of the father-breastfed infant relationship led many of the informants to hypothesize how this relationship would differ if their child was bottlefed. Thus, in subsequent interviews informants were asked "Is there a difference in the development of the father-infant relationship, when infants are breastfed compared to when infants are bottefed?"

The answer for these informants was obvious. There was a difference because mothers have breasts, and fathers do not. Once the choice was made to breastfeed, despite his best intentions to be an active and equal participant, breastfeeding was not an option for the male partner. One father summed up the situation in the following manner:

> I mean it would be nice to be able to make a division down the middle that we each do half, but due to biology that's not possible.

Because of the breastfeeding decision, these fathers were excluded from many of their newborn's interactions:

> You're limited in what you can provide at that point. You can hold her and cuddle her, and you can change her diapers and it stops there, those first few months, where she's totally dependent and completely breastfed.

As a consequence of this, fathers perceived differences in the relationship their child was establishing with them and with their partner. Glaser (1978) states that the generation of grounded theory occurs around a basic social psychological process (BSPP) which accounts for the manner in which the participants deal with a common problem. Further, a BSPP links and explains the variation in the data (Hutchinson, 1986). In this case, the fathers' problem was a perceived disparity in the type of relationships that the child had with each of its parents. Although the fathers differed in many aspects of their experience, all of them described either explicitly or implicitly a situation where the child responded more positively to its mother than to them or a situation where the child needed the mother more than the father. Recognizing that they would have a more equal relationship with the infant after weaning, the fathers were willing to wait until this occurred. They placed their commitment to breastfeeding and the health of their child before their own needs. The process that enabled the men to live with this perceived difference and to continue to support their wives in breastfeeding was labelled *postponing*.

Process of Postponing

Postponing occurred within the context of *Making Breastfeeding Work* (see Figure 2). All the informants wanted breastfeeding to be successful because this would indicate they had done the best for their child and therefore were good parents. The assumption that breastfeeding was superior influenced the informants' actions from prebirth until the time of weaning. Because of their commitment to breastfeeding, the experiences the informants described were strongly influenced by their goal to make breastfeeding work. This goal affected their spousal, extra-familial and parent-child interactions. *Postponing* was the pyschosocial process that mediated the parent-child interactions and allowed breastfeeding to continue.

The components of postponing will be briefly outlined (see Figure 3). Although *postponing* occurred in the postnatal period, common conditions existed prenatally for the informants when they were first-time parents. They acquired knowledge about breastfeeding and developed expectations about breastfeeding and of themselves as parents. When the baby actually arrived and breastfeeding was initiated, a time came when they realized their expectations and their reality were not congruent. *Becoming aware* of this incongruency is the first phase of postponing. Though the informants experienced different levels of awareness, *accepting strategies* were used by all fathers. *Accepting strategies* were means used to address the multiple reactions that occurred as the men became aware of obvious differences between the relationships the child had with each parent. These *accepting strategies* were cognitive in nature. The simultaneousoccurrence of *reinforcing factors* supported the fathers in their endeavors to deal with their awareness of not being their infant's preferred or equally desired parent. *Reinforcing factors* were the observations of their infant and their situation that were

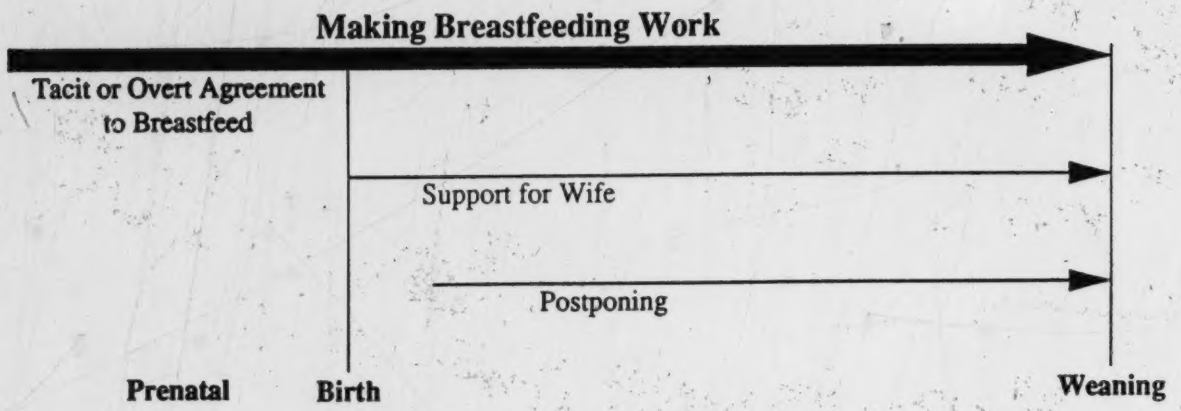
Making Breastfeeding Work
Tacit or Overt Agreement to Breastfeed
Support for Wife
Postponing
Prenatal
Birth
Weaning

Figure 2: Components of Making Breastfeeding Work

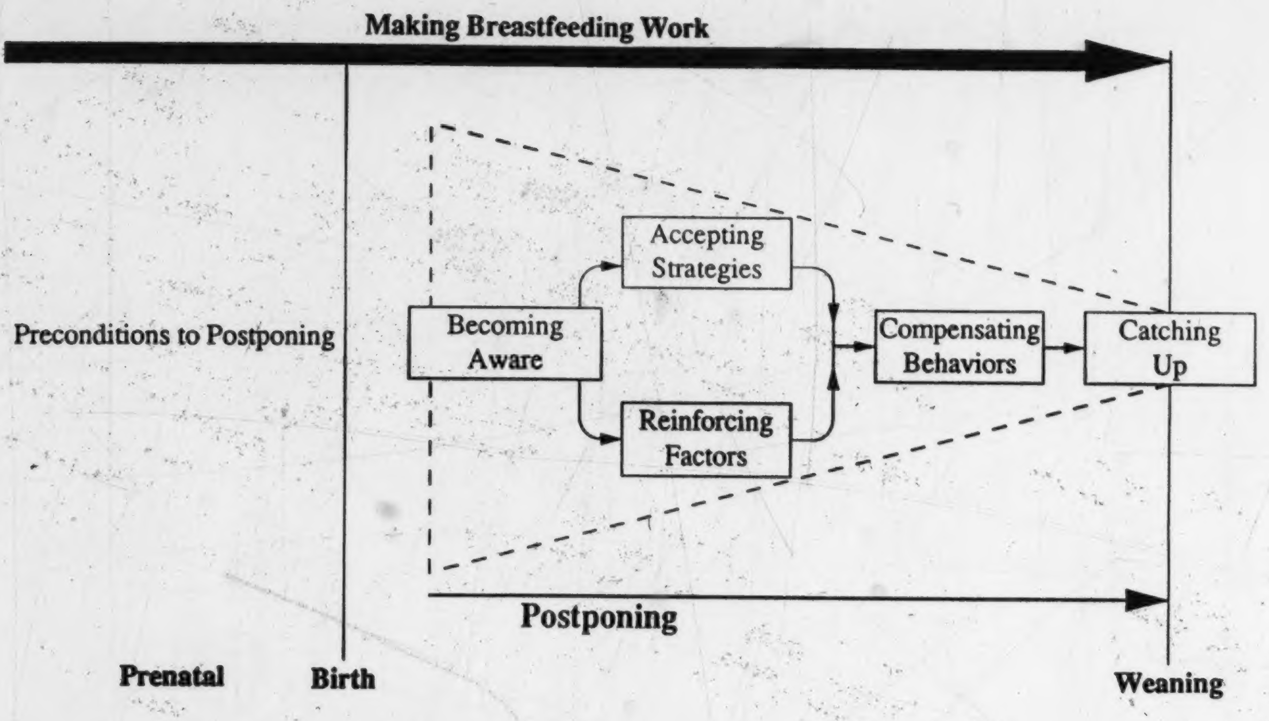
Making Breastfeeding Work
Preconditions to Postponing
Becoming Aware
Accepting Strategies
Reinforcing Factors
Compensating Behaviors
Catching Up
Postponing
Prenatal
Birth
Weaning

Figure 3: Components of Postponing

congruent with the informant's prenatal expectations about the breastfeeding experience. The interaction of *accepting strategies* and *reinforcing factors* enabled the informant to develop ways to continue to make breastfeeding work within his family context. The informants used *compensating behaviors* as a means to increase their interaction with their infant and reduce the discomfort of *becoming aware* .

The informants continued to use these strategies until the time the infant was almost weaned or totally weaned. At this time the informants described a period of *catching up*. They considered they had caught up when the discrepancy between the infant's responses to its parents no longer existed. The components of *postponing* will now be outlined in detail.

Prenatal Preconditions

All of the conditions that led up to the development of the postponing phenomenon were set in motion by the family's first pregnancy. The onset of the pregnancy caused the informants to address issues they had previously not examined. Prior to their first pregnancy, the men had few experiences with breastfeeding dyads and possessed relatively little knowledge about breastfeeding. They began to acquire more information about breastfeeding from prenatal classes, and as a consequence, they began to develop expectations about breastfeeding. Further, the impending birth of their child focused their thoughts on parenting. Through contemplation and observation, they developed clear expectations about themselves as parents, as well as about the nature of the father-infant relationship. Thus, the conditions that lead to the development of postponing include: 1) increasing knowledge about breastfeeding; 2) expectations about breastfeeding; and, 3) expectations of themselves as a parent. Each of the prenatal conditions for postponing will now be discussed in detail.

Increasing Breastfeeding Knowledge

Prior to expectant parenthood, the informants experience with breastfeeding was limited, and consequently all of them had much to learn. A few informants had fleeting memories as a preschooler of seeing their mother breastfeeding a sibling. As illustrated by the following quotation, what was striking about the memory was the uniqueness, the out-of-the-ordinary nature of the activity:

> I remember watching, when I was about 4 or 5, watching my younger sister get breastfed and just being fascinated by the whole process. It was just a view of my mother that I'd never really had before...I just remember being amazed. I still have that memory quite stuck in my mind. Its pretty amazing to hold onto to that thing for a long time. It's probably because I didn't see it very often. I think that's what it shows.

The uniqueness of being exposed to breastfeeding early in life is also evident in this informant's statement:

> When I was growing up, it wasn't commonly done. Most people, including my mother and her friends, tended to bottle feed their babies. So I think it was really only after I'd become an adult and moved away from home that I sort of became aware of a growing trend towards it.

The majority of informants' first remembered experience occurred as they became young adults and their siblings or friends began having families. Embarrassment and discomfort were the norms when they first were confronted with a breastfeeding mother and infant: "I was extremely uncomfortable around women who were breastfeeding". Most of the discomfort was related to the lack of clear social guidelines for proper behavior in the presence of breastfeeding. This informant relates his experience with a family friend:

> Her baby was crying, and she wanted to nurse her child, so she threw a blanket over herself, sort of thing, and starts to nurse her child, and I was sitting in the same room, and I was very uncomfortable, sort of

> like what's the right thing to do. Like, what's polite and proper. Like, what should I do, and I sort of almost panicking, like should I even be in the same room. I got up to walk out in my own house and my living room. Then I sort of felt stupid, you know.

In summary, any prior experience with breastfeeding was remarkable because of the rarity of the event. The few experiences described included feelings of discomfort and embarrassment.

For most of the informants, until fatherhood became a possibility, infant care, including breastfeeding was not part of their socialization. Speaking as an experienced father of four months, the following father described the "need to know" nature of breastfeeding information for men:

> I wouldn't talk to a single guy about it [breastfeeding]. I don't think they'd relate to it. If I knew a good friend that was going to have a child, I'd probably put my two cents in...When you're single, you don't think of nothing like that. But when you're going to have a baby, you have to talk this over.

Thus, in the prenatal period, when talk of the upcoming infant and its care became a priority, all of the fathers acquired more knowledge about breastfeeding. However, some informants were content with only limited knowledge about the benefits of breastfeeding. A few wanted specific and detailed information, such as how prior breast reduction surgery would affect a woman's ability to breastfeed. Those who wished to have the most knowledge actively sought out this from a variety of sources, while the passive informant did not seek detailed or extensive amounts of information. Although passive, informants were all willing recipients of this information, they made little effort to obtain it. In contrast, there were a few informants who actively sought out knowledge. One such man describes his information-seeking strategy below:

> I brought up the question about breastfeeding to some of the girls there that have had kids already. And more or less to, well, I feel my wife won't ask. She's not the type to really get in there and be point blank, so, and I wanted to learn as much as I could and get as much objectivity about it as possible.

Sources of knowledge included the informant's spouse, prenatal classes, and women who had previously breastfed. One informant read both lay and professional literature about breastfeeding. Those informants who were married to nurses (n=3) used their spouse's professional knowledge and experience to learn about breastfeeding.

> She is a nurse and for awhile was a public health nurse, so she knew the benefits nutritionally, and I guess she was also aware of some of the bonding benefits, too.

Others, lacking an "expert" in the house, still relied on their wife as the primary source of information. It was obvious that any information about breastfeeding was considered women's knowledge. The following informant, like many who may have received information at prenatal class, never actually participated in a discussion of the topic with other men or couples: "I only remember holding conversations with my wife about it."

The primary extra-familial source of breastfeeding knowledge was prenatal classes. All the informants attended prenatal classes for the birth of their first child and learned that breastfeeding had many positive attributes:

> In the prenatal classes, we were told that it was a recommended practice. Because of the nutrients or whatever, it was good for the uterus and just for the mother and bonding and all those other things.

The majority of knowledge received was factual. The informants had some understanding of how breastmilk was produced, why it was better for the baby, and the benefits of breastfeeding for the mother. So perhaps it is not surprising that when asked why breastfeeding was the chosen feeding method, the men routinely cited a litany of benefits that health professionals know well. These included reasons such as breastfeeding was "healthier for the baby and mom" and that breast milk was "best for babies." This represents a typical response:

> It was a cheaper means for one thing. It's a lot cheaper for them to breastfeed. And the bonding, I thought that was a good idea, to have your child be really close to the parents, which I think is an important thing.

As well, many men stated that breastfeeding just seemed more "natural" than bottlefeeding and thus was better. "Natural" meant that it was not manufactured to be a facsimile of the proper nutrients. It already existed in a form that was appropriate for their baby's needs.

Despite all the knowledge that was offered about breastfeeding prenatally, none of the informants were adequately prepared for the fact that breastfeeding although natural is also demanding:

> Just that you can tell as a husband, you can tell that sometimes it's a tough slug to actually do this, for the woman to do this [breastfeeding], and I don't know if that's, nobody ever really tells you that. That it might not be easy.

Also, notably absent was information from other men and information about the male personal or emotional perspective of breastfeeding. Three informants had talked to other men prenatally about breastfeeding, but these conversations were limited:

> I've talked to a lot of people about it, and they say that's why you don't have to get up in the night. That's the extent of the conversation.

Breastfeeding expectations

Perhaps because of the largely factual information received, all of the informants possessed a generally positive expectation about the likelihood of their wife "successfully" (defined individually) breastfeeding. The informants ranged from being tentative about a successful outcome to being very sure. The tentative fathers tended to take a wait and see approach:

> It was sort of a foregone conclusion that we would try breastfeeding. If that didn't work, we would try whatever.
>
> We always kept it in mind that there was alternatives but that we preferred to give this a try. We were prepared to go either way, depending on how it worked out. Luckily, it worked out pretty good.

The tentative fathers had heard of cases where breastfeeding did not work. As a result, they were willing to be flexible and left their feeding options open. They would not have a sense of failure if breastfeeding did not become established. They had a rather fatalistic view, and they felt there was little that they could do to influence the likelihood of success.

The other informants were labelled sure in their conviction that breastfeeding would be successful:

> We're of the viewpoint that whatever mom gives, it is the right amount and the right times and the right stuff.

Many of the fathers believed that breastfeeding *would* succeed if their spouse took care of herself:

> Because we were told that if she looked after herself, ate the proper foods, and everything, there wouldn't be any worries about it. So we weren't worried about problems.

However, none of the informants thought there was any thing particular they could do to help and they did not expect that breastfeeding would impact on their lives. The participants were also questioned about their expectations of the breastfeeding. When questioned prenatally about how he thought he might be involved with breastfeeding after the birth of the child, one informant replied,

> I can't see anything I can do to help in breastfeeding... I honestly don't see what I could do to help unless it wasn't actually with the breastfeeding.

The expectation of minimal disruption to life as they knew it was widespread. Ironically, a number of prenatal breastfeeding expectations rapidly became postnatal breastfeeding myths. For example, their lives were disrupted and breastfeeding was not more convenient than other feeding methods:

> She [his wife] had to write a film script once, and she was gone until like four in the morning, and I ended up driving across town in the middle of the night, in the middle of winter, with this screaming kid at three in the morning because I couldn't take it any more and Kaitlin [his daughter] obviously couldn't take it any more either. She just wouldn't accept food, accept a bottle, or accept anything but her mother.

Another young man, whose wife was a student and not accessible during the day, talked about introducing a bottle to give breastmilk:

> But we had a heck of a time. Three months of just being breastfed kind of set him in a habit. I tried all sorts of different brands and makes of nipples. We were introducing him to a day home... and we had complaints from them because he wasn't used to being bottle fed... I had to go a couple of times from work and go buy different kinds of bottles cause he wouldn't eat.

Given their previous limited experience with breastfeeding and the emphasis their sources placed on physiological and nutritional information, it was understandable that few had any expectations of their role in a breastfeeding family. Information obtained prenatally led the men to belief that breastfeeding would primarily affect their spouse and their infant. Breastfeeding was a woman's area of expertise, and the informants saw it as something that would benefit both their wife and infant.

Perhaps because of this orientation, few of the informants had even thought of what they might personally expect of breastfeeding. They later came to realize there were things they were not prepared for:

> But from my angle, I learned of the bonding process along the way. I wasn't aware of that initially. Like, I knew that it was supposed to make a special bond between the mother and the child, but I guess I didn't know or think about how it would be for me.

Parenting expectations

Although most informants had given more thought to what kind of father they would like to be than they had to breastfeeding, their thoughts on parenting were only slightly clearer. They had thought in generalized terms about how they might parent and the type of relationship they would wish to have with their newborn. All of them had experience through their family of origin with some type of fathering behavior, and all of them had observed other fathers in the parenting role. Thus, they had a concrete basis from which to generate a vague idea of an ideal father. The informants did not describe specific attributes they wished to possess or develop as a parent; instead they spoke of being "good" dads, or "super" dads. Being a super dad expanded the traditional role of parenting from exclusively being a breadwinner to being more attentive to and participatory in the care of their children. They compared themselves to their own fathers and wanted to be an integral part of the infant's life from birth. They saw super dads as "being there for their child and for their spouse." Although the informants wanted to be close to their infants, most of them were unable to elaborate on what it meant to be close to their infant. They hinted at wanting to be a special person in their child's life and having an unique relationship that others could not emulate.

Although many of the participants envisioned an egalitarian division of child care, their family plans for the postnatal period meant that their spouse would have primary responsibility for the child. For example, in those families where both parents were employed prenatally only the wife had time off work to care for the infant, which resulted in a more traditional division of labor than had previously existed. (Variations in fathering roles will be discussed in more detail in the fathering typology section.)

In one respect, their expectations of breastfeeding and their expectations of themselves as parents were closely tied. They wanted to do the right thing for their child and worked at learning what was "right". The information received at prenatal classes lead them to believe breastfeeding was correct. To be the best possible Dad, the best method of feeding for the infant must be supported. Because they believed that breastfeeding was integrally linked with good parenting, a high value was placed on the act.

In summary, all of the informants wished to be "good" fathers, and their support for breastfeeding stemmed from this desire. It was based mainly on the belief that breastfeeding was "best for baby" and good fathers did what was best. As one father said, "If everyone said no, there was a better way than breastfeeding, we probably would have went that route."

Making Breastfeeding Work

As breastfeeding was viewed as the best feeding method for their infants, fathers worked to ensure its success. The informants' supportive actions were labelled *Making breastfeeding work*. *Making breastfeeding work* included all the direct or indirect activities the men engaged in to support breastfeeding. In the prenatal period, these informants either tacitly or overtly provided support for the decision to breastfeed. Tacit support was given by not questioning their wife's choice of feeding method. Overt support was demonstrated by active involvement in and commitment to the decision to breastfeed.

In the early postpartum period, both parents struggled to learn how to best respond to their child's cues. At this time parents struggled to make many things work. Mothers and fathers may feel equally incompetent and overwhelmed. One father of a four week old infant said,

> Ever since Leigh Ann has come to our little household here, it been really scary sometimes. Cause you don't know why she's crying and stuff like that, and we have, we're forever asking the neighbors questions.

One described the first days at home in the following manner:

> Yeah, it was a little stressful for me the first couple of nights. Actually, the first night was kind of scary. You've got this little gadget that's kicking around, and all sorts of weird things are running through your mind that may happen to him, but then after that it was alright.

Parents then begin to modify and adjust to the new infant:

> You really simplify your life. We just cut back on a lot of things.

In this early postnatal period while struggling with the realities of a new infant these informants began to provide support for their wive's breastfeeding endeavors in a variety of ways. The content of the support given through out the course of breastfeeding was labelled as psychological, practical or emotional. They provided psychological support and acted as an intermediary when family members might question the wisdom of breastfeeding:

> I supported her in my family when there was questions about whether it [breastfeeding] was a good idea or not.

Psychological support provided affirmation and recognition of their wife's breastfeeding efforts. This type of support went beyond breastfeeding. At a fundamental level, it indicated agreement about the goals and techniques of childrearing. It gave the parents a sense of solidarity, a sense that they were carrying out the difficult job of parenting as a team. This was especially important when outsiders doubted and questioned the wisdom of the choice to breastfeed:

> There was some concern in the beginning that the baby was getting enough. He's kind of a small baby. So even the outside comments, even if you don't believe it, over time, you start to say alright maybe. But I've just remained positive all along and fairly keen, and its worked out.

Often, psychological support was given when the male partner changed his routine to suit his spouse, for example, one informant adjusted his schedule to ensure that his wife could pursue outside interests and continue to nurse. Both activities were important to her, yet she could not have continued both without her spouse's assistance:

> Monday night, I take the baby and we all go to the university, and she goes to class, and I take care of the baby, and she breastfeeds at break times.

Inherent in psychological support was respect for their spouse's efforts. The informants acknowledged that breastfeeding was a difficult task. When their wife had problems such as mastitis, they recognized the strength that it took to deal with it and expressed admiration for their wife's perseverance in continuing despite problems:

> That's when if you weren't a dedicated breastfeeder you would quit. Now my wife is a dedicated breastfeeder, so she didn't necessarily need any external pushing from me to keep on breastfeeding; however, what she does need is a lot of support so she could rest, take time off, and I try to keep the house running.

Psychological support at these times was necessary, but practical support was also needed. Practical support was the assistance provided that ensured the wife got the rest and nutrition she needed to continue breastfeeding. Most frequently, practical support emphasized activities that allowed the mother more time to sleep:

> I'll often get up during the night and bring him in and put him into bed with her so she can nurse.

> I was taking the baby while I was eating breakfast and getting ready to go so that mom could sleep. Before she used to sleep for about an hour on the couch, and then I just took care of the baby in bed just so she'd get an hour of really solid sleep because he tends to be very touching, rolling-around type of kid.

Some of the informants also monitored their spouse's eating and began to make more meals:

> I took over most of the evening cooking and we really streamline what we cook. I also try to make sure she eats well and I encourage her to drink lots of milk.

Practical support was also given by relieving their spouse of a feeding by giving a bottle:

> Certainly, I have no reservations about feeding the child with the expressed breastmilk...It's not fair to leave it all up to the woman.

Providing practical support and psychological support were not enough. The informants found they had to also become sensitive to their spouses emotional state and act accordingly:

> Being more patient and just trying to do a bit more during the day so there's more sleep available.

> She felt that with our first, who was a month premature and didn't nurse well. She just felt she was inadequate as a mother. I sensed that and really tried to help her look at the situation differently.

The informants also occasionally provided a sense of perspective when others in the family seemed to have lost theirs:

> I remember a couple of times coming home to two crying females at the door and thinking now what am I supposed to do? I would try to take over, cause I was a bit calmer, and then my wife would have a reference point from which to work from.

Other fathers found that their input at times such as these was not appreciated and they adapted their behavior accordingly:

> There were times when breastfeeding was not enjoyable for either one of them, and the baby wouldn't eat, which made it worse because my wife would get more stressed and upset and then the baby would get upset...I would try and talk to my wife and try and just relax her, but then I would be admonished for trying to fix her, so I would quickly learn that wasn't going to get anywhere, so I would leave them alone...and just let it run its course.

Becoming Aware

Gradually, as the parents refined and learned new parenting skills, lifestyle adjustments were made, and breastfeeding became established, the informants had time for contemplation. Despite all their efforts to make breastfeeding work they began to notice some inconsistencies in their experience. They began to examine the relationship they had with their wives using the before-child situation as their standard for evaluation. They also contemplated the newly developing father-infant relationship. The relationship they had with their new infant was examined in light of what they perceived to be occurring in the mother-infant dyad. The timing of these evaluations among the informants varied. (The variations in the timing will be discussed further in the section on fathering styles).

For all informants, there was a growing awareness of a discrepancy between what they "thought" about breastfeeding (it's best for baby) and what they '"felt" about the personal consequences of breastfeeding. This inconsistency between belief and feeling resulted in a mild sense of helplessness that they could not meet all their infants needs, and in many ways they felt tangential to their child's life. Using the breastfeeding mother-infant dyad as a standard, they began to perceive differences and to question their role:

> You're seeing the bonding and things that are going on with the mom, and then you try to sort out a few of the feelings. Yeah, that's happening and I don't have a lot of contact, you know, real closeness with the babe....There was a bit of wondering exactly where I fit in the picture.

This perception of a subtle contrast in the response of the infant to its parents was triggered by a variety of observations:

> For a little 2-3 month old baby, the prime focus of their conscious life is their mouth. Like, that's the sensory organ of the time, whatever it is has to be mouth tested. So I think that's how he gets most of his nurturing right now.

The infant's instinctual need to suckle and the fact that "you're not offering them what they want, and they want a kind of warmth and nurturing that you just can't provide" made some informants feel helpless and frustrated. Many had experienced the pleasure that nurturing a new child could bring:

> Like with Darryl, he would be crying, and I could hold him and he'd stop, that kind of thing. And it's just an intangible feeling, that's nice, very nice.

They simply wished that they had more opportunities for more of these experiences. Others, whose wives breastfed longer, described a situation where:

> the longer they breastfeed, the more they sort of look to and rely on the mother, it seems. And that kind of cuts you out of picture. And that's a real frustration. Cause you are helpless to do any thing about that [the child's feelings]. You recognize you can't impose that. You can't change a kid's mind.

A second time father echoed this belief and felt that with the second child the father was placed at even a further disadvantage:

> It's even worse with the next kid. You spend all your time with the first child, and she does everything with the new one. You love the new one but you never really get to know him or him to know you until he's much older.

This father acknowledged the one-sidedness of the personal relationship. He loved his child but felt deprived of the opportunity for his child to learn to love him. Although there was variation in the intensity and timing of the emotional bond that fathers developed with their children, the crucial factor was that the fathers did not experience a reciprocal response from their infant. The fathers felt close to the infant but the infant did not respond in kind. The informants had to wait for their response to be reciprocated by the newborn. Yet, they saw this desired reciprocity occurring between mother and infant with every feeding that their partner gave their infant:

> You know it's just when you feel really strongly and have a lot of love for a little baby and it's not, and they just don't need you and you can't meet their needs, you can't do it for them. It's not like you're competing with your wife...You feel that you have all this love, you want to express and show and things you want to do for them and they really aren't interested.

> She was actually growing in attachment to her mother fairly rapidly and I had to work, and I sort of had to work at it to make sure I was included in the relationship too.

Intellectually, they knew that the bond between parent and child is not simply a result of breastfeeding, but one husband, reflecting on his experience of giving a bottle, felt feeding enhanced the relationship if not specifically the "bond":

> I don't think the bond is only established through feeding, although that's a real a nice way to do it, because the child relaxes and looks at you, and I mean when I fed him with the bottle, there is certainly something, a way that I feel is really nice.

When discussing the emotional interchange that occurred with the infant, the informants felt they gave to their child, but not to the same extent that the mother did:.

> I'm providing an emotional input as well but considerably less. Like, I can't say my son can take comfort in me, but I can say that about my son and Marj [his wife].

A period of time begins when the father feels peripheral, on the outskirts of the relationship being established by his wife and his infant. The degree to which the father felt an outsider varied. One father felt left out entirely. Some of the informants felt "involved but from a distance." One said he felt "ripped off" in the sense that his "wife could have a relationship on a basic level with the kids he could never hope to have."

Some fathers seemed unwilling to acknowledge any reaction to the situations described above. This reluctance appeared to occur because to have a response that might be construed as negative would be traitorous to the cause of breastfeeding; however an number of the fathers who acknowledged awareness of a difference experienced a variety of emotional responses. For example, disappointment, frustration, envy, jealousy, and regret.

Disappointment occurred because the fathers were left out of many of the newborn's interactions:

> The only thing I was a little disappointed in was that I didn't get in on the feeding times, the one important thing in his schedule. So I was limited there.

Jealousy was a term frequently used by the informants to describe their feelings:

> I would say I felt jealous of her closeness with him. It's pretty obvious when you watch your wife breastfeeding your children that there's something very special happening there. It's kind of a close time and a quiet time and the way in which he looks at her now and the way that our daughter looked at Lynn when they were breastfeeding. There a certain kind of relationship that they have that I can't have.

Informants were also jealous of the ease with their spouse could meet the infants needs:

> Well kind of jealous because Marnie could take him and she could turn around and feed him and he'd calm right down, or as soon as she would pick him up, he'd calm right down, and I couldn't do it. I would try and try, and he wouldn't respond to anything I would do.

The jealousy, envy, and frustration that these men felt because of their inability to feed were predominant themes. Envy and, very often, frustration occurred when the father was left alone to care for the infant .

> It is if I'm alone with him, I would be envious of the fact that I can't just whip out the breast and start feeding him right when he wants it. That's the thing, that I don't have that she has that I think would be really nice. She comforts him right away, and I don't have that ability to comfort him that way.

A number of the responses were not so extreme. One father, who prenatally was very supportive of breastfeeding, acknowledged that personal experience had changed this view:

> So I guess to a certain extent, I'm ambivalent about breastfeeding in a sense. I think that it's a great thing and in another way, it's a little divisive in a way, divisive in certain terms of child and parent.

Some of the informants just felt limited in terms of their relationship with their child. They could not be the one to pick him up and feed him. Their options were curtailed, while their wives' options were wide open. Others felt guilty about their negative feelings and had to work towards a resolution of these feelings. One man spent time "wondering if you're normal and if that's the way every one feels."

Accepting Strategies

This growing awareness of a difference in the infant's response to its parents was dealt with in a number of ways. This phase of the postponing process has been labelled *accepting*. It is at this time the father takes action to deal with his conflicting emotions. Although all the informants in this study used cognitive strategies that enabled them to remain supportive of breastfeeding, implicit in the accepting phase is the alternative of not accepting the incongruities in the parent-child relationships and the consequent withdrawal of support and perhaps the termination of breastfeeding.

A variety of *accepting strategies* were used. Some took a very practical approach to dealing with these emotions. They simply put it out of their minds completely by ignoring their feelings:

> I mean, at the time, intellectually, the feelings were still that something was going on that I wasn't being included in, but there wasn't anything I could do about it, so I figure if I can't do anything about it I tend to try and squash it and forget about it.

Others adopted a rational, pragmatic view of the situation:

> There's certain things I can do, and there's certain things my wife can do, and that's just the way it is.

The informants reframed the situation so that it was more acceptable to them. This occurred in a variety of ways. A number of the informants took solace in the fact that although they may not be the primary person in the infant's world they were a close second. The poignant need for the father to hold a special place in their child's life is evident:

> The only thing, Ann [his wife] is more, Sarah is more attracted to Ann, and that's to be expected that's where all her food comes from, but she still has an idea what my role is. Because I'm around all the time, she knows who I am... So Ann might be first, but I'm definitely next.

Others chose to look at the future:

> I'm not sure what I felt at that time. I think intellectually, I mean, I knew it was going to change, that it wouldn't always be that way.

Just as many of the informants read about breastfeeding before the birth of the baby, a number of them used the same information gathering strategy to deal with their emotions. Reading and reflection were commonly used strategies; "I think it came about by doing some reading again and just thinking it through a little bit." Reading clarified and normalized many of the informants' emotions and supplied them with information concerning these feelings:

> Essentially in there [the book], it lays it out, this is probably what the father will feel and that's normal, and here's some of the things you can do to sort of make it a little easier.

Only one man mentioned talking to a experienced friend about his frustrations with breastfeeding:

> When Lorna has to go out and do something, teach a class, and I have Steven for the evening, and he spends two or three hours screaming, he won't take the bottle or whatever. Lorna comes home, and I'm fried, and I'll talk to my friend about it. Well you know, he's had the same things happen to him.

This informant seemed uncomfortable sharing this information. He stressed that generally if men talked about breastfeeding it was about "nothing really serious" and that this type of discussion occurred infrequently. This reluctance to share feelings about breastfeeding with other men was reiterated by another informant.

> I don't think we talk, you won't be surprised, at the feeling level, but we'll talk about how long they breastfed and what the kids are doing and are they on a bottle yet, at that level.

No matter what type of strategy the men used, a certain maturity was required to be able to postpone and to accept:

> That there were certain needs and essentially at that point the baby's needs are fairly high priority and that the needs that I had were being met in other ways.

Reinforcing Factors

As well as using the previously mentioned accepting strategies, the informants' reactions to breastfeeding were tempered by a number of *reinforcing factors*. *Reinforcing factors* were the informants' objective observations of the benefits of breastfeeding that were congruent with their prenatal expectations. *Reinforcing factors* moderated their response to the perceived discrepancies between the father-infant relationship and the mother-infant relationship.

The most frequently noted reinforcing factor was that the informants did not have to get up during the night because their spouse was breastfeeding. Although some of them would get up to assist their spouse, the fact that they did not *have* to get up seemed very important. They were not envious of their wives' relationship with the children at this time. The desire for sleep overode any parental instincts. As one informant said:

> I think the thing I notice the most is that I get to sleep a lot more than my wife. (Laughter) So I guess that I haven't felt terribly encumbered by it [breastfeeding].

When questioned about the difference between breastfeeding and formula feeding, another participant said:

> I don't think one is that much better than the other from my point of view. From my wife's point of view, there probably is a lot more factors involved. From my point of view, the nice thing, of course, is that I don't have to get up in the middle of the night. That's the obvious thing for me.

For those informants who were tentative about the likelihood of breastfeeding success, the apparent ease with which breastfeeding was established was an important reinforcing factor: "But starting out breastfeeding there were no problems. Like, she just seemed to connect, whereas, when we looked at other mothers, they seemed to have problems and they quit."

Those who were pro-breastfeeding because it was natural were pleased to discover that it was less expensive than formula feeding. This was a concern for the couples in the lower socioeconomic group. One young man described his situation well:

> I think the major worry we had was financial. That was one of my big, major worries when she became pregnant because I thought the cost would be outrageous....We've talked to people that have to buy formula and everything, and they say that it's, they'll tell you how expensive it is and everything. With the breastfeeding, you sure tell that you saved a lot of money that way.

Many informants noted less pragmatic *reinforcing factors*. A number of informants received personal pleasure from watching their child nurse. The joy of this observation is obvious for this informant:

> It's nice, it's nice to watch, and you know, it's very cute because you see them chowing down, and it's funny to watch because they're usually mad, they're kind of going uuuuurrrrr, and then all of a sudden, they latch on, and it's just a cute, very cute thing to watch. Now it's just quite common place, but it's still very enjoyable and cute to watch....It's a neat thing to watch.

The informants' children and wives were frequent sources of the reinforcing factors. The child-derived factors included physical indicators of the child's health, the emotional and physical health of an older breastfed sibling, and the pleasure that the child received from breastfeeding. The convenience, emotional bond, and pleasure that their wives described were other reinforcing factors.

All the informants attributed the vigor and obvious health of their infants to breastfeeding. They talked with pride of their infants growing rapidly and being generally happy children: "It was totally trouble free. She got all the nutrition that she needed. She was a really healthy kid." These fathers also compared their children with those of other couples and were pleased with the outcome of such comparisons. The following response is indicative of the informants' pride:

> You see how healthy they are, especially when you know other people who aren't breastfeeding their kids. I think that is one of the really obvious things when you compare them to the kids that aren't breastfed. They just are, our first one especially was just never sick. He was always very healthy, and now our second one is practically never sick.

Furthermore, the informants observed that their child's emotional needs were well served by breastfeeding. They appreciated the emotional stability that breastfeeding gave their child:

> Number one is the bonding between the mother and the child was going to be enhanced through breastfeeding. I believe that's true. The child, our children, they just look so peaceful when they nurse. They just seem so content and happy. Well, you just have to see a child who's been hurt, and then, for instance, when they get their shots at the doctor and they take comfort in nursing and it's just, it's a stabilizing point in their life. They can go to the breast, they can suck, and they can take comfort.

As well as observing their child, the informants listened to their wives' thoughts about breastfeeding. Her positive perspective significantly affected how the informants viewed breastfeeding. The pleasure their wives reported was a significant *reinforcing factor*. "I know my wife really enjoyed breastfeeding and the closeness that it brought, so that's important too." As the major caretaker, their wives' satisfaction had a great influence on the overall functioning of the family:

> I guess I'm looking at this from Marj's point of view. But in a sense, what's convenient for her is what's convenient for me too in that if Marj is happy, it certainly makes a difference in my life, if things are going well for her.

They also noted that breastfeeding could be more convenient for their spouse than bottlefeeding. If their wife was getting up for the baby anyway, breastfeeding was certainly easier than bottle:

> When you wake up in the middle of the night, you don't have to stumble to the refrigerator and pull out a bottle; you just pick up the

> baby and let the baby nurse. It's all there; it's all ready. It doesn't have to be mixed or prepared or heated. It's the right temperature.

Some acknowledged that there were negative aspects of breastfeeding for their wives, but this was countered by the benefits of this feeding method:

> Whereas it means Donna is tied to Ann, it also means the process of feeding is a lot easier and the food is wherever you go. You can forget about bringing bottles.

Compensating Behaviors

Although breastfeeding sometimes resulted in the fathers feeling peripheral, they found many activities compensated for this lack of closeness. *Compensating behaviors* made it easier to wait until the child responded equally to each of its parents. These compensating behaviors increased the number of interactions the informants with their children, which, in turn, increased the feeling of being an integral part of their child's life:

> I was aware that there there was something going on that I wasn't being included in, but again, it was, there wasn't anything I could about it, other than be involved in the other aspects of her care.

One of the activities that made the informants feel closer to their child was is giving the child a bottle. The act of giving nourishment was viewed as a very nurturing activity:

> Prior to that, the physical nourishment was coming totally from my wife. So giving the bottle was the opportunity where I could then become part of the process.

Although they enjoyed the opportunity to feed their infant; perseverance was required. Initially this task was not gratifying:

> I was going nuts, pulling my hair out because he wasn't crying, he was screaming because he was hungry, and there was nothing I could do about it because he wouldn't take his bottle. I'd get frustrated. It's frustrating when you try everything and he won't respond to anything. And you just

> have to keep putting it into your head that he's hungry, and you've got to keep trying, and I'd keep trying, and finally, one day he started taking it.

Another informant felt that the first attempts at giving the bottle were more stressful for the parent than the child:

> I was frustrated, I guess, but I wasn't panicky. I'm not the type to panic over a situation like that. I mean I know the child is going to survive the ordeal. Probably survive it easier than I did, so I wasn't concerned for my child's welfare at all.

Others felt they were lucky it was relatively easy to get the child to take the bottle:

> I know some kids, I've got some friends with kids that still refuse, but she did pretty well after a few days of gentle persuasion. She learned that that was going to provide her with food, too. The first couple of times she wasn't too keen on it. She shake her head from side to side but you just had to be persistent and keep that nipple in her mouth, and after 2 or 3 days, you didn't have to spend a few minutes convincing her that this was okay.

Even though the child did not respond to a feed in the same way they responded to the breast, the informants reported getting pleasure from this activity:

> Well, for him, you can tell, its not the same. It's not the same kind of abandon that it looks like he's doing when he's breastfeeding, but its very satisfying for me.

They acknowledged that this is a time when the infant reciprocates their response:

> And now when I do it with him and it works, it's a wonderful experience. It's a nice experience for me. I like it a lot. He looks at you, he holds your hand, he's quiet. It's a different kind of time....Not to say he doesn't interact with me at all at other time but this is a different kind of interaction.

Although the child thought of the bottle as second choice when it came to feeding many of the fathers felt this way:

> She made it clear that this was her second choice, too. There were times early on that when Donna was around she wouldn't eat from the bottle. She knew there was something much better close by, so Donna usually had to leave.

Although most of the informants felt it was a pleasurable experience to nurture their child by feeding it, there was one dissenter: "I never got that from giving a bottle. Big deal, here's some chemicals kid." He saw it as something mechanical, not personal and, therefore, not nurturing.

When the fathers bottle fed, some of their spouses experienced being an outsider. There was a sense that the tables had been turned, if only for a short period of time,:

> Darcy had a few feelings. She felt a little strange right at the start, watching Annie being fed from the bottle, and it wasn't her giving the baby nourishment. I think at that point she was probably experiencing some of the things that I had felt for a few months, but her advantage was she had that opportunity to breastfeed and was still breastfeeding a couple of times a day even at 18 months.

Another father "stuck close by and watched and tried to get caught up with being part of bathing, holding her and carrying her and changing diaper and taking care of everything else or at least being around for a lot of the other things."

Most of the informants found that becoming involved in other aspects of the infant's care, such as, giving a bath, changing diapers, and putting them to bed were all ways to ensure involvement with their child: "I was helping more, so that I could do something for him and with him." They saw these activities as a way to compensate for the reduced access that resulted from breastfeeding:

> I had limited access to David. I'd try to make up for it in other ways like bathing him and putting him to sleep and all that.

As with bottlefeeding, not all attempts to become involved in other aspects of infant care were initially successful:

> I would try and try and he wouldn't respond to anything I would do, bath him, take him for car rides. I've taken him for lots of car rides trying to get him to sleep.

As the child matured and began to interact more with individuals, the informants spent a lot of time talking and playing with the infant. They would spend time:

> just playing with him, trying to do that as much as possible. Having baths with him, so putting in some one on one time and taking care of him for longer periods of time.

Some of them saw themselves as the entertainment portion of their child's life. At this time and through their interaction, they suppled their child with something that their spouse did not offer.

The fathers felt the amount of time spent with the child as much as the nature of the interaction they had influenced how close their relationship would be with their child. The informants felt the more time they spent with the baby, the closer the baby would feel towards them:

> I found that when I'm able to spend more time with him and do things like take him out, and bath him, and get him off to bed, and so on like that, we seem to be closer and he seems to be more affectionate. And if I've been really busy and haven't, because of my shift and so on and other things, haven't seen him for a while, it just feels a little bit less close.

One father, comparing the time he spent with his first child with that spent with the second, said,

> It's nowhere near the amount of time I had with Keith at that age and I can, you can tell the difference in that. You just don't know the child as well if you're not around it.

Catching up

The informants assisted in making breastfeeding work by accepting the difference in their infant's response, by focusing on the positive aspects of breastfeeding, and by becoming more involved in the care of their child. While doing all of this, they continue to look forward to the time when the child responds to them in the way they desire. They would say "I know its going to change, that it won't always be that way." One father said

> You recognize you can't impose that [closeness]. You can't change a kid's mind. You just sort of have to take it and it's a terrible frustration, and you feel really wretched, as soon as a couple of years go by, it'll be sort of like you'll hopefully be right up there too.

After the child was weaned, the fathers used the term "catching up" to describe the changing nature of their father-child relationship. At this time, the fathers get "right up there" with their child, meaning that the difference in parental relationships completely disappeared.

When breastfeeding ends the father no longer has the need to postpone, because the stimulus for this adjustment process has been removed and his actions to make breastfeeding work are no longer required. However, the sequelae of breastfeeding linger and the catching up may occur quickly, while for others, it may take a matter of months:

> Well, I'm still catching up. I think she's still got the edge on me on putting him to sleep and feeding him.
>
> It's learning the tricks. Marj had been feeding him for three months before I'd got to. You know, she's learned the tricks of making him

> comfortable, the singing to him or rocking him, of holding him in the right position or whatever. She had that jump on me, but I think I caught up.

Fathers have "caught up" when the child is perceived to respond equally to its parents and the mother is no longer the preferred parent. The father's belief that this time will come, coupled with their commitment to making breastfeeding are key factors in an individual's ability to postpone.

Fathering Typology

Although the postponing theme was common to all of the informants, each man's expectations of fatherhood, family situation, and actual lifestyle adjustments differed widely. Each informant developed a fathering style that fit with his own previously established roles, his work or school situation, and his beliefs about fathering. Ultimately, this fathering style had implications for the progress and type of relationship that was developed with the child.

A typology of the fathering patterns the informants adopted is illustrated in Figure 4. This typology represents the variations in the experience of *postponing* for the informants. The two dimensions of the typology are paternal involvement in caretaking and paternal involvement in the decision to breastfeed. The combination of these two dimensions resulted in four fathering styles being identified. These styles have been labelled *Involved, Assistor, Supervisor* and *Detached*. A numerical breakdown of subjects falling into each category is not possible because some fathers fell in one category with their first child and fell into another category when their their second child was born. The most common pattern was for an informant to be an *Involved father* with the first child and then become an *Assistor* when the second child was born. The two dimensions of the typology, caretaking and decision-making, will now be discussed in more detail.

		Caretaking Involvement	
		+	−
Participation in Decision to Breastfeed	+	**Involved**	**Assistor**
	−	**Supervisor**	**Detached**

Figure 4: Fathering Typology

Caretaking

Unlike their wives, fathers in breastfeeding families have no specific task. They can do as much or as little as they want to do. The informant's work or school situation and their perceptions of the demands of each dictated how much time they actually spent at home with their wife and child. As well, the informants reported variable amounts of active child caretaking they provided while they were in the home. Based on their degree of caretaking, the informants were separated into two groups. These divisions represent relative levels rather than the complete absence or presence of caretaking. Caretaking involvement was rated as present (+) when the father assisted with household maintenance and provided all child caretaking except for feedings for approximately half the time. This involvement was rated only for the time the husband was present in the home, and half the time did not mean the father provided caretaking 12 hours a day. A father with older children was also considered to be positively involved if he took over much of the care of the older siblings in order to allow his partner to care for the newborn. Negative caretaking involvement (-) for this sample describes those fathers who provided occasional caretaking for the infant and low to moderate assistance with household maintenance. Hypothetically, if the total population were sampled, negative involvement would represent those men whose partners performed all child caretaking and household chores.

It is important to note that the type of breastfeeding/child caretaking arrangement that evolves is a reflection of patterns that have been already established in spousal relationship. Those couples who already made a traditional division of labor within the household with the wife carrying out most of the household maintenance activities were more likely to continue in this pattern.

Decision-making

The informants were also differentiated on their contribution to the breast or bottle decision-making process. Although all supported their wife's decision to breastfeed, some of them were passive in the process and simply agreed with their wife's final choice. These informants are designated in Figure 4 under the negative sign (-). An example of such an informant was the man who said,

> She had decided that was the way that she was going to do it because it brought closer bonding between the child and the mother and everything. I agreed it was a good idea.

One father stated, " I thought it was a terrific idea all round." Although these men were enthusiastic, they followed their wife's direction. As one father said, " You know, I never even thought about it [how to feed the child]". Because they had given the issue little thought, most would have been as supportive of a decision to bottlefeed.

These men saw breastfeeding falling into their wives' area of expertise, and relied on her to make the best choice for their expectant child. Prenatally, they were passive information receivers and were satisfied with their spouse's capsule summary of what she had read. Other informants, who took as passive role in the decision-making process, viewed it as an rights issue. It was the woman's right to do what she wished with her body, and consequently, the decision to breastfeed was hers alone to make.

The remaining couples made joint decisions. These couples are represented on the left side of the 2 x 2 under the (+) sign. Most of the joint decision-makers reported similar situations to these informants' descriptions:

> We both probably, I imagine, over the years came to the conclusion that breastfeeding was the best thing, and there really wasn't any discussion of it at all.
>
> We didn't sit down and say we'll breastfeed or bottlefeed. I think it just came as a natural thing to breastfeed. But it wasn't a conscious decision by any means.

A number of these informants saw breastfeeding as a small part of the larger lifestyle that they had chosen:

> Breastfeeding was just part of a lifestyle they were into. Having midwives at birth, those types of things, doing a lot of, for the sake of a better word, natural type of things.

In general the informants who made joint decisions to breastfeed expected that they would be partners with their wives in providing care for the child. They viewed themselves as active participants in childrearing from the moment the baby was born. These men also reported that they were not only involved in the decision-making process but also with the prenatal breastfeeding preparation. This was indicated by statements such as "we tried to get as much information as possible," and "we had organized it reasonably well." When asked why it was important to be involved in the decision, some of them saw it as part of their usual style of interaction with their spouse: "We just discuss everything, so this really wasn't any different". Other informants saw it as crucial to being an involved parent:

> If you don't make the effort to be a part of things, you'll be a bystander through the pregnancy, and then you'll end up standing by while your wife or day care raises your child.

These two main categories of caretaking involvement and breastfeeding decision-making explain the variability between the informants and can account for similarities between and within the group. The actual experience of all of the informants, no matter what their previous expectation of their personal fathering role or style, was mediated by how much their wife expected from them and how much involvement they had with their child. The each fathering style will now be discussed in detail.

Involved fathers

Involved fathers were joint participants in the decision to breastfeed and were involved in many infant and household caretaking activities. *Involved* fathers as well as being committed to breastfeeding, were also committed to being equal partners in childrearing. Good parenting meant more than just providing material security for their child. Good parenting also required that effort was expended to develop and maintain a relationship will their child. They formed a team with their spouse to provide caretaking for their infants:

> It's more like we are taking care of this child. I am doing these things and my wife is doing that thing, as opposed to the concept that she is taking care of the child, and I'm doing the baths. It's like those fathers who say I'm baby sitting tonight, you're not babysitting; somebody else comes and babysits.....you're taking care of your own child.

These informants saw themselves as men of the eighties and different than their fathers. One stated that "[today's fathers] are more responsive to our children than say our father role models before us."

These informants also were more likely to have had an egalitarian division of labor before the birth of the child. This equitable sharing and sense of teamwork about their family responsibilities persisted after the birth of the child. Adjustments were continually made to make the situation tolerable for all involved and sacrifices are made by both parents:

> You really simplify your life. You realize if you had things going in the evening after work, you certainly cut that out and try to figure out not only how to cook a meal, but when do you get a chance to clean the dishes, clean and iron clothes. You divide those types of tasks up a lot differently. We cut out a lot of things so that we can rest, for one, and get some of the basic things done. We just cut out a lot of things. We never resented having our children for inflicting this on us. It just was the facts of life that no one sort of told you about, and you realize, oh well, this is just a fact of life. If we want children, this is what you live through for a short time.

Because of their intense desire to be involved these informants tended to develop feelings of being on the periphery sooner and more intensely than the other informants and consequently they began postponing earlier:

> My role isn't as involved as Arlene, but I'm still involved with the baby. I change her, and I do everything else but feed her.

Their interactions with their infant often occurred while providing care. One husband, who worked full time, brought the baby to his wife for every night-time feed and changed it and put it back to bed. As well, *Involved fathers* increased their participation in household maintenance or came home early so their partner could get an afternoon nap:

> Being able to let Darcy rest when [I] could. I think it was, I mean I didn't have a choice in that aspect of her care, and so in the other areas of her care I did, so I tried to become as involved as I could in the other areas."

Many second-time fathers fit the *Involved fathers* category. These informants often did not experience the intense emotional reactions associated with feeling peripheral. This occurred because they now knew what to expect and were well experienced in using compensating behaviors to increase their involvement with their newborn. As well, they had their previously established relationship with their older child or children, and the desire for a early intense relationship with the newborn was not as strong. *Postponing* was easier because they knew from their previous experience that they would establish a relationship with their new child.

The decision to breastfeed was something that both the *Involved father* and his wife felt comfortable making:

> It wasn't something, well if you compare with some of our friends who wouldn't have felt comfortable with breastfeeding, and neither of us felt uncomfortable with that. We thought it was natural and

> although I think she was embarrassed sometimes when she breastfed in public, it was never anything that concerned me.

Involved fathers were firm and assertive in their opinions about the birth and the raising of their child. This was evident not only when they spoke about their breastfeeding plans, but also when they discussed other aspects of their birth experience. One husband, describing what occurred at the hospital, stated that "we had organized it reasonably well, and then we just said this is what we would like to do at this point."

Assistor

The second most frequently occurring fathering style was that of the *Assistor*. In families with *Assistor* fathers the decision to breastfeed was wife led and the father was supportive. The *Involved* fathers were very involved in all aspects of family maintenance, including child care and household upkeep. The *Assistor* father is more consistent with our cultural stereotypes about fathers. They were less likely to be actively involved in caretaking activities such as bathing or diapering. Most of their interaction with the child occurred in the form of play. As one father said, "I handled the baby a lot, and I take her for walks, and I play with her as much as I can." When asked what kinds of things they did with their child, they tended to describe tickling and other active play behavior.

Many of their interactions with the infant seem to be mediated through their wife:

> Well, no, if I got up, Millie usually sends me back to bed....She says there's no sense in me being up with the baby cause there's no sense in us both staying awake.

These informants viewed their wives as experts on infants. One husband described "babysitting" his infant in the following way: "I think there were a couple of times I phoned her and I talked to her to find out if she might be able to help me out with what would be wrong with him."

These informants did not experience as intense emotional reactions when they realized that breastfeeding excluded them. This was due in part to not expecting to have an intense reciprocal relationship with their infant in the first months of life. Postponing therefore tended to occur later for these informants. Fathering was something that occurred when the child was older. As one father stated:

> Well I really don't see myself as having much of a role right now. I think I'll have a role when she is about two and I can take her to a ballgame or something like that.

Because their emotional reaction was less intense, they did not use as many compensating behaviors. Instead, many of them saw providing support to their wives as their major role:

> I'm there to comfort Julie, not so much for the baby.
>
> I'll fetch the diaper and stuff like that, I won't touch a dirty diaper by the way, so other than that I'm a gopher.

Supervisor

The third group of fathers fell into the category called *Supervisors*. *Supervisor* fathers were very involved in the decision to breastfeed. Unlike the assistor father they provided little child care or assistance around the house. Although these informants had very definite ideas about how their child should be raised, they participated minimally in their care. In these families the needs of the fathers took precedence:

> Like I say we didn't agree on weaning practices....In her culture they are fed on demand feeding,whereas in my culture, my feeding schedule was regimented from the very first day I came home. Of course, we try to balance both the demand feeding and putting them on a schedule but I realized after a little while that if we didn't get some regularity to our own schedule we would be wiped out. So we

> try to get the kids to sleep through the night. That's always a important thing and just have some regularity to the meals.

They stressed that they did not deal with the "negative" aspects of childcare. This is a typical description given by a Supervisor:

> I enjoy the baby. When I get her she's all clean and dry. Another thing I learned is Dads don't have to get up in the middle of the night for feedings.

These informants were aware that their wife did the majority of child care but this was not a major concern to them:

> Yeah there's a lot of times I get out of a lot of things. You know, I should be doing a lot more, and there's sometimes I could be changing a diaper or giving him his bath.

One of these informants felt much closer to his children than to his wife, but it did not bother him that the infant was more dependent on his wife than on him. He tried to persuade his wife to keep breastfeeding three months longer than she wished:

> My wife would have liked to wean much earlier, and I just tried to encourage her to keep on breastfeeding till about nine months. There's nothing mystical about it; there's nothing magical about nine months; we [I] just thought it would be better as long as there's mother's milk that there's probably more nutrients and better bonding and all that good stuff.

This informant, unlike many of the *Involved fathers,* who usually wanted weaning to occur earlier than the women wished, wanted the breastfeeding to continue longer for the health of the infant, while his wife wished to wean because she was tired of the demands of breastfeeding and caring for the household and other children.

When questioned about their role as fathers, the *Supervisor fathers* did not envision themselves as the primary influence in their child's life. They saw their role as a supplier of emotional support to their wife and not as a provider of care: "I'm there to comfort Ginny, not so much for the baby."

For some of these informants child care was a repetition of their experience during their partner's labor. They loved their wives, hated to see them suffer but saw few practical things, they could do to ease the burden placed on their wife. A similar situation occurred with child care and because of breastfeeding these informants felt unable to assist.

> In a way, I wish there was more that I could do. It's a little bit rough. Well obviously, I can't feed her when she cries during the night and so on. There's very little I can do at this point in time.

These informants were constrained by their concept of parenting. For them, fathers do not perform childcare tasks:

> Mary always said that she felt instantaneously like a mother and I was thinking, well it was something that I felt I had to learn, the emotional commitment. I wanted children, certainly, I have three wonderful children and I love them very much but it wasn't something that seemed as natural as it seemed to Mary.

Detached

The fourth group is called *Detached* fathers. Because no subjects in this study fit this group comments about *detached* fathers are hypothetical. In this group the decision to breastfeed is made by the wife and the father would provide little or no child care or household assistance. It unlikely that those that were detached from their family and child care concerns would volunteer for a project of this sort.

It would also be expected that *Detached* fathers of breastfed infants would view all matters concerning the home and children as totally falling into their wife's domain. Fathers belonging to cultural groups that adhere to very clearly delineated gender roles would probably fit in this quadrant of the typology. Detached fathers would be unlikely to concern themselves with any issue regarding breastfeeding. Although they may feel breastfeeding is the best feeding method, they would not assume responsibility for ensuring its success. Neither would they feel the need to postpone. *Postponing* is the way the informants dealt with a perceived difference between what they wanted from the father-infant relationship and what they felt they received. Detached fathers would perceive no discrepancies in their actual and desired relationship with their infant because they would not be searching for the reciprocal response from the infant .

Summary

Postponing, the basic social psychological process in this study, is the informant's psychological and behavioral response to inconsistencies between his hopes for his relationship with his child and his perception of the actuality of this relationship. These inconsistencies form the basis of the problem for these men because they occurred within context of a desire for successful breastfeeding. A basic social psychological process accounts for change over time and "irrespective of whether it solves the problem to some degree, it processes it." (Glaser, 1978, p.97). He further states that " a Basic Social Process processes a social or social psychological problem from the point of view of continuing social organization" (Glaser, 1978, p. 97). Although postponing does not remove the father's perceived discrepancies in the parent-infant relationships, it facilitates the continuation of breastfeeding within a family setting. The experience of postponing varied for the informants based on their involvement in household activities including childcare and their involvement in the decision to breastfeed.

V. DISCUSSION

The purpose of this study was to examine the male perspective of breastfeeding. As empirical work had not previously been conducted in this area, the grounded theory method was used to collect and analyze the data. As indicated in the preceding chapter, the father-infant relationship was a major focus for the informants. The findings indicate that the informants used the Basic Social Psychological Process (BSPP) of *postponing* to deal with their ambivalent feelings about the effect of breastfeeding on the paternal-infant relationship. Variations in this process were then explained using a typology of fathering styles.

The purpose of this chapter is to discuss the findings in light of existing research on fathers and breastfeeding. As literature that pertains specifically to this topic is meager, related areas of inquiry will also be examined. The chapter will include: 1) a discussion of methods, 2) a discussion of the findings, 3) a discussion of implications for nursing, and 4) a summary.

Discussion of Research Method

Grounded Theory

This study is the first systematic inquiry conducted about the male perspective on breastfeeding. The flexibility of the grounded theory method allowed the researcher to examine closely the previously undocumented issues of fathers in breastfeeding families. As a result, the study focused on father-infant relationship within the larger context of *making breastfeeding work*. Postponing depicts the process the informants used to remain supportive of breastfeeding despite its perceived negative effects on the father-infant relationship.

Corbin (1986) notes that grounded theory "allows nurses to capture the complexity of problems and the richness of everyday life which make up so much a part of their practice" (p. 91). Thus, the use of grounded theory enabled the researcher in this study to develop an understanding of how men in breastfeeding families experienced and dealt with their situation by capitalizing on the richness of the emic perspective.

The grounded theory method of theoretical sampling resulted in an adequate and appropriate sample for the questions under study. The sample was diverse in many aspects including the type and the duration of breastfeeding that occurred. However, the informants represented only one cultural group, a middle to lower-middle class Caucasian urban population. Further research is required to determine if the process of postponing applies to other social and cultural groups.

Nonetheless, the results do have theoretical generalizability for the group studied. Theoretical generalizability is demonstrated when the theory has "grab" and "fit" (Glaser, 1978). When a theory is relevant it grabs and captures the attention of people who have had similar experiences. They immediately recognize the researcher's conceptualization as one that has meaning for them. This recognition occurred when the process was presented to secondary informants and to colleagues and peers.

A theory has fit when it is grounded in the data. The open-ended questions and the repeated interviews allowed the informants to fully express their views which enriched the data collected. The constant comparative method of data analysis and staged coding ensured that the data and theory were closely linked. Grounding of the theory in the data was further checked by taking the emerging theory back to the informants for verification.

Telephone Interviews

Telephone interviews were used to obtain all of the data used in this study. Telephone interviews have been found to elicit results comparable to face-to-face interviews (Janofsky, 1971; Kegeles, Fink, & Kirscht, 1969). It has been demonstrated that the anonymity and privacy provided by the telephone interviews, encourage the informants to be more candid about socially desirable and undesirable behaviors (Colombotos, 1969). Norris (1986), Wilson (1988), and Chassé (1990) describe the usefulness of the telephone interview to obtain a risk-free atmosphere where individuals shared private thoughts and feelings about sensitive topics. Thus, it was thought that telephone interviews would reduce the impact of social rules about what can and can not be told (Glaser & Strauss, 1967). The investigator was aware that nonverbal behavior would be excluded from the data. However, extensive notes were made regarding the tone and ease with which a subject was discussed. In actuality, rapport was easily established and one subject commented: "You know this feels very comfortable, just like we were having a cup of coffee together."

The informants openly discussed most topics, however, the researcher noticed a reluctance to say anything that might be construed as negative about their spouses. They struggled to frame positively all descriptions of their wives. As a result, it is unclear whether some aspects of the informants' perspective of the spousal relationship have been obscured. There appeared to be a need protect the spousal relationship. This tendency to portray the spouse positively and maintain the appearance of their spouse as "good" individual has also been noted in face-to-face interviews (M. Harrison, personal communication, June 27, 1991). The common need to protect the spousal relationship coupled with the ease with which other emotive topics were discussed with informants, make it unlikely that uncensored information about the spousal relationship would have more been readily given in a face-to-face interview.

Discussion Of Findings

In this section the findings will be briefly reviewed and then discussed in light of the related literature. The BSPP of postponing in the father-infant relationship was a contributing factor in *making breastfeeding work* in the informant's family. That is, the father's continuing support of breastfeeding was contingent upon his ability to postpone. Although different aspects of the parent-child relationship were mentioned, each informant noted that his relationship with the child was substantially different from that of the child and its mother. The fathers acknowledged that this difference was a necessary consequence of having a breastfed infant and chose to postpone their desire for this disparity to disappear, in order to have the preeminent needs of their child met. It was the action of these fathers of deferring or postponing their own needs that allowed breastfeeding to continue.

Persistence. There are parallels between postponing and the phenomenon of persistence for breastfeeding mothers. In a phenomenological investigation, Bottorff (1990) describes the persistence of mothers who continue to breastfeed. Women persist because they are committed to breastfeeding, while men postpone because they are committed to *making breastfeeding work*. Underlying this commitment for mothers and fathers is the common assumption that breastfeeding is best. Commitment to breastfeeding appears to be a pivotal factor in the success of breastfeeding for both mothers and fathers. At present, little is known about why people are committed to breastfeeding and what factors influence this commitment. Yet, this concept seems key to understanding both persistence and postponing better.

In this sample the persistence and commitment to breastfeeding of the informants' spouses were not directly assessed. However, the informants' reports indicated that those men postponed for the longest period of time had wives who were the most persistent in breastfeeding. These men belonged to either the Assistor or Involved father categories. One Supervisor father reported his commitment to breastfeeding was much greater than his wife's desire to persist with breastfeeding. Although she wished to wean at six months he believed breastfeeding should continue until at least 9 months. They seemed to reach a compromise and complete weaning occurred after 7 months postpartum.

Although agreement between partners on breastfeeding issues would be the ideal, it is obvious that differences exist in the amount of commitment and expectations partners have regarding breastfeeding. It would be expected that very strong opposing views on breastfeeding could have considerable effects on marital functioning. Further, one would expect the problem solving style of the marital dyad would be one factor influencing how divergent views would be dealt with (Frank, Anderson & Rubenstein, 1984). Examination of how conflicting spousal views about breastfeeding are negotiated and dealt with was beyond the scope of the present study. It would be useful in subsequent investigations to interview both partners to obtain a more complete understanding of the complex negotiations that occur in a breastfeeding family.

Emotional Responses. Fathers postpone by using a variety of accepting strategies. They decide that their feelings of envy, jealousy or being excluded are normal or inevitable. These responses are accepted as the fathers look forward to a time when there is no longer a reason for these feelings to exist. Although there have been no previous studies examining the male perspective of breastfeeding, these emotional responses have been noted in earlier anecdotal reports (Jordan, 1986; Lerner, 1979; Waletzky, 1979). Intense emotional reactions of envy, jealousy and disappointment are described as resulting in many paternal adjustment difficulties. However, in this sample the BSPP of *postponing* facilitated men's successful adaptation in a breastfeeding family. The informants in this study found the use of accepting strategies and the presence of reinforcing strategies a modulating influence on their emotional responses. Further study will be required to determine what occurs in maladaptive families. However, it may be postulated that the interaction of accepting strategies and reinforcing factors is not sufficient to overcome the extreme negative emotional reactions of some men to breastfeeding.

Dumas (1991), in a phenomenological study of jealousy, also reported the successful adaptation of new fathers. Similar to the postponing fathers who used compensating behaviors to adjust, the fathers in her study reduced their feelings of jealousy by increasing their involvement with their infants. These men became involved by feeding, bathing and playing with their children. Other studies have confirmed that play is the most common form of interaction between fathers and infants (Clarke-Stewart, 1980; Belsky & Volling, 1987). These compensating behaviors serve a variety of functions. They serve to make the father feel part of the family, to enhance the father-infant relationship and to indirectly provide support to the spouse.

Cognitive Dissonance. Fathers in breastfeeding families engage in an personal struggle as they attempt to juggle the competing demands of their own needs, their spouse and infant. This interpersonal struggle may cause cognitive dissonance for the individuals as mutually incompatible response tendencies (Festinger, 1964; Holcomb, 1989) are inherent in this process. Implicit in any accepting strategy is the alternative of choosing not to accept, thereby refusing to postpone and ultimately withdrawing breastfeeding support. Even though a decision is made to remain supportive of breastfeeding, conflict occurs because of the lingering negative features of the selected option and the perceived positive aspects of choice that was rejected (Janis & Mann, 1977). According to cognitive dissonance theory, resolution of this dilemma requires cognitive restructuring aimed at enhancing the appeal of the father's decision to remain supportive of breastfeeding. In this study the informant reported the use of two bolstering strategies to maintain the "image of a successful outcome, with high gains and tolerable losses" (Janis & Mann, 1977, p. 91). First, positive gains were emphasized playing up the benefits of remaining supportive of breastfeeding, i.e., emphasizing reinforcing factors such as the health and happiness of the baby. A second bolstering tactic, was the use of accepting strategies to minimize the unfavorable consequences and ensure that any loss incurred remained tolerable. Bolstering techniques are used to maintain cognitive consistency, satisfy the father's emotional needs, avoid shame and guilt, and reinforce the notion that their behavior is *right*.

Social support. Support from the husband has been correlated with success in breastfeeding (Beske & Garvis, 1982; Lynch, Koch, Hislop & Goldman, 1986; Rousseau, Lescop, Fontain, Lambert & Roy, 1982). There is also evidence that husband support influences other aspects of the mothering role by indirectly providing an atmosphere for breastfeeding success. Male partner support is further associated with the mother's adaptation to parenthood and with her psychological adjustment in the first year postpartum (Crinic & Greenberg, 1987). Parke & Tinsley (1987) indicate that men can influence breastfeeding success by being supportive of their spouses efforts to breastfeed and by sharing in nonfeeding related aspects of childcare such as diapering and bathing. These actions, labelled compensating behaviors in this study, serve the dual function of facilitating postponement and supporting maternal efforts.

Mothers have reported three areas of breastfeeding support they receive from their husbands (Hewat & Ellis, 1984). These areas of psychological, physical and emotional support are congruent with the psychological, practical and emotional support reported by the male informants in the present study. In both of these studies the types of support were derived inductively from the data. House & Kahn (1985) stress that the types of support that are important differ depending on the nature of the problem under study. As a result, the supportive categories, identified here, differ from House's (1981) broad categories of emotional, appraisal, instrumental and informational support. However, they do serve the same supportive functions of providing aid, affect and affirmation. Physical and practical support provide aid for the recipient; assisting with activities of daily living. Emotional support (including the supportive acts of trust, concern and listening) provides affect. Psychological support, affirms the breastfeeding mother's sense of herself as a "good mother" who is doing her best for her infant.

Just as husband support is instrumental in the continuation of breastfeeding, the withdrawal of support has been postulated to be important in the cessation of breastfeeding (Morse & Harrison, 1987). The men in this study reported that between nine and 18 months postpartum, their wives began to complain about being tied to the baby, were considering weaning and generally expressing ambivalence about breastfeeding. The men responded to these messages by focusing on their negative content. In doing so, these men reported that they were still being supportive of their wives' feelings. However, it is understandable how the wives might interpret this emphasis on the negative as withdrawal of support for breastfeeding. Thus, there is some support from these findings for the social coercion for weaning theory, but further study is needed to clearly delineate the husband's role in this process.

The lay and clinical breastfeeding literature have adopted a more unidirectional approach. Support is viewed as something only the mother receives. As a result, the father's need for his wife's support, has been ignored. The fathers in this study found few outlets for their negative emotions related to breastfeeding. Pederson (1981) suggests this may be due to sex role stereotypes that define the father as strong and the mother as weak. Thus the father may be in greater need of more support than his wife whose support needs are assumed. Men reported being recognized only as helpmates or breadwinners and receiving little recognition from their partners, health care providers or society for their role as parent. Further, they found few role models to assist them in taking on an involved role as a parent (Jordan, 1990). This lack of societal support and direction for contemporary fathers has prompted Cronenwett and Kunst-Wilson (1981) to identify the stress of becoming a new father as a major concern for practitioners and researchers.

Fathering styles Other nurse researchers have identified a range of fathering styles displayed during pregnancy (May, 1980, 1982) and childbirth (Chapman, 1991). Comparable to the *Involved* father in this study, these researchers identified fathers who were actively and emotionally involved in the pregnancy and in the labor of their spouse.

The *Assistor* father in this study was similar in some respects to the *observer* style of expectant father (May, 1980) and the *witness* in childbirth (Chapman, 1991). The most significant resemblance was the assumption that pregnancy, childbirth and breastfeeding were exclusively in the women's domain. This assumption made it difficult for the fathers to become emotionally involved in these experiences. The expectant fathers saw themselves as observers during the pregnancy because it was not happening to them

(May, 1980). Witness fathers were detached from their wives during labor (Chapman, 1990). These men attended the birth because their wives wanted them to, not because they felt a need to participate in the event. Similarly, the Assistor in this sample, was not an active participant in the decision to breastfeed because this was perceived to be his wife's area of expertise.

The smallest group of men in each of these studies were those who were very interested in the outcome of pregnancy, birth and breastfeeding, and as a result saw themselves as the caretakers or managers of the family. They tended to be very task oriented and directive. They were labelled *Supervisors* in this study, coaches in the childbirth study (Chapman, 1991) and were described as having an instrumental style in the pregnancy study (May, 1980).

The common thread in these studies would seem to be that there are a range of fathering styles, with no one style being preferred over another. Fathers in this study felt that their particular style of involvement suited their family. However, mothers may not agree with this assessment. For example, May (1980) found that wives of observers accepted their husband's detachment but regarded it as regrettable. Therefore, further study is necessary to fully understand the female partner's response to these male styles of involvement and their impact on breastfeeding and related issues.

Another question raised by the concept of fathering styles is whether fathers maintain a particular style throughout the perinatal period. Further, longitudinal study would be needed to confirm the stability and predictability of these modes of behavior styles.

Involvement. The two dimensions that explained variation in the postponing process were involvement in infant and household care, and involvement in the decision to breastfeed. Father involvement appears to be the theme of the 1990s. For the past two decades there has been an increase in research focussed on fathers and their influence on the family (Hanson & Bozett, 1985). As a result, we know that both men and women increasingly support the idea of more equal participation in day to day family duties

(Araji, 1977). However, it is also evident that behavioral change is lagging behind this shift in ideology. While there is some evidence of a slightly increased involvement of fathers, there are also indications that men differ widely in the extent of their participation in family caretaking (Horschild, 1990; Lewis, 1986).

Cowan and Cowan (1987) have begun to explore factors that influence these differing levels of involvement. Antecedents for greater paternal involvement in child care include increased participation in household tasks, satisfaction with decision making, child-centred parenting attitudes and reduced hours of employment. Similar factors were identified (although not quantified) by the informants in this study. However, further research is needed to fully delineate the variables that affect male involvement in breastfeeding families.

Belsky and Volling (1987) note that the study of fathering demands that investigators consider other relationships within the family. Thus, the study of the fathers in a breastfeeding families requires consideration of the spousal relationship as well as parent-infant interaction. As the family is a system of interdependent relationships decisions about breastfeeding are inextricably linked to the negotiation of conjugal and parental roles. Questions that remain to be answered include how breastfeeding couples make decisions about breastfeeding and negotiate their roles.

There is evidence that fathering is mediated by couple interaction. (Lamb & Elster, 1985, Belsky & Volling, 1987). When mothers are positive about father involvement, fathers are more positive about being involved and more likely to participate in child caretaking activities (Dickie, 1987). One direct way that the husband-wife relationship can influence participation is through the wife's support of her husband as an active parent. Some surveys indicated that while a majority of men wanted to be more involved, 60 to 80 per cent of women did not want a change in the role structure of their family (Pleck, 1982). This has led some researcher to postulate a "gatekeeping" role for mothers (Boyd & Duncan, 1991). If mothers are acting as gatekeepers, it would be expected that fathers, depending on their expectations of involvement would tend to feel excluded sooner. Their use of compensating factors may also be restricted by the gatekeeping spouse.

Implications of the Findings.

It is important for all practitioners to examine research carefully prior to altering their practice based on the findings. Although these findings do not provide conclusive evidence which would demand major alterations in practice, the results can sensitize members of all disciplines to consider the breastfeeding relationship beyond the mother and infant. Despite the fact that men cannot breastfeed, the findings indicate they can and do make personal sacrifices and active contributions to successful breastfeeding. Adoption of a broader perspective of breastfeeding would enable all professionals to recognize and support these contributions. Although a physician may be concerned with medical problems associated with breastfeeding, e.g. mastitis, the treatment of women would be enhanced by understanding how the spouse may contribute to breastfeeding (i.e. his fathering style) and involving the spouse in the treatment plan in appropriate ways . Nutritionists can expand the scope of their teaching about the breastfeeding to include both the positive and negative aspects of breastfeeding from the male perspective.

Despite a purported commitment to family-centered care, clinical nursing interventions designed to promote breastfeeding tend to focus exclusively on the mother and her infant. As primary providers of childbirth and parent education programs it is both possible and necessary for nurses to remedy this situation. Towards this end several suggestions based on study findings and the researcher's clinical background are presented.

First, nurses must look beyond the myth of the "ideal" father who is openly nurturing and supportive of his partner and as emotionally involved in breastfeeding as his spouse. The findings of this study indicate that fathers exhibit a range of involvement that depends on their expectations and their home situations. By holding up an one standard, we condemn all fathers who do not meet the criteria to being "second-rate". Changing and conflicting expectations about the parental role can create enormous stress for new fathers (Dickie, 1987). Thus it is imperative that nurses not compound this problem by causing men to feel guilty and under pressure to conform.

At the most basic level of intervention, we need to review educational materials to detect any covert messages about "ideal" fathering versus those which encourage a range of options for father involvement. We also need to find ways to assess the appropriate level of involvement for individual fathers and encourage them to be participate in ways that are appropriate for them. Nurses who pride themselves on caring and individualized practice, need to accept these individual differences and promote varying capabilities. Only by doing this can both family and individual needs begin to be addressed.

Second, there is a need for a more comprehensive approach to providing realistic breastfeeding information to parents. Expansion of prenatal and postnatal class curricula is needed to place the social and emotional components of breastfeeding on par with the physical and physiological aspects. The father's perspective must be acknowledged and an examination of a couple's breastfeeding expectations, values and goals encouraged. Knowledge of the process of postponing can alert fathers to the negative effects of breastfeeding and information about various fathering styles can assist fathers to find a style that will work in their family.

We need only to listen to fathers in order to learn how to provide anticipatory guidance in a manner that is relevant and effective. When discussing prenatal classes one informant said, "everywhere you're surrounded by women. And you need to hear a man say, 'okay here's how I feel'." In an effort to provide this much needed perspective, one second-time father taught prenatal classes with his wife with the hope of providing guidance from a male perspective for other first time fathers. He shared his experience and the strategies he used to cope with the exigencies of life in a breastfeeding family. Because today's fathers enter parenthood with 1990s demands and an upbringing that reflects values of the 1950s or 1960s (Dickie, 1987), mentors may be an effective resource for providing guidance and direction to fathers in breastfeeding families.

Mentors or nurses could discuss strategies to make it easier for fathers to become involved in compensating behaviors. If feeding the infant is important to the father, strategies should be discussed to reduce the frustration of the baby refusing to take the bottle. Although giving supplemental bottles of formula early in the postpartum period can have detrimental effects on breastfeeding duration (Entwistle & Doering, 1980), fathers can be encouraged to give a bottle once breastfeeding is well established (approximately 4 to 6 weeks postpartum). Fathers need to be creative and change as many feeding variables as possible to encourage the child to feed. This may include attempting the feed when the mother is out of the room, or varying the position that the infant is fed in to reduce the association with breastfeeding.

As mothers can act as gatekeepers or mediators in a father-infant involvement, nurses can act as role models and give fathers equal opportunity, acceptance, recognition and encouragement from the beginning for his feelings and his efforts to support breastfeeding.

Suggestions for Further Research

The findings presented in the previous chapter are exploratory and lend themselves to further research. Insight about the father's involvement in the caretaking of the infant and his role in the decision to breastfeed occurred after data collection had been completed. As a result, further research on the factors influencing father's styles is needed to fully delineate and describe the variations that occur in this process.

As the informants were from a similar culture, of similar ages and had healthy, term, singleton infants, the relevance of the postponing process and the different fathering styles for other groups of men has not been determined. This study addressed only the fathers of healthy infants in the dominant Canadian culture, so that further investigation of other groups of fathers is necessary. For example, fathers of ill infants or of twins, adolescent fathers and fathers from different ethnic groups have not been investigated and the fathering styles provisionally identified from this sample may not adequately portray their experience. Further development of the basic social psychological process of *postponing* and the fathering styles identified will require further sampling of diverse groups of fathers.

The use of volunteer informants resulted in only men who were supportive of breastfeeding being sampled. Investigation is needed to examine the dynamics of breastfeeding in families where males are not supportive of breastfeeding. It is recommended that these men be sought early in the prenatal period and followed longitudinally to determine how decisions regarding breastfeeding are made in these families and the male spouse's impact on breastfeeding and weaning.

Although the informants' main focus was the father-infant relationship, there were indications that they also postponed certain aspects of their spousal relationship. Detailed information on the sexual relationship was not volunteered in the interviews. It is not known if this was due: a) to the sex of the interviewer b) the need to protect the spousal relationship or c) it was not a factor. However, the focus entirely on the breastfeeding experience may have been too narrow. Although fathers reported that breastfeeding did change the sexual relationship, a more significant influence on this relationship might be the impact of having a new baby in the home. Determination of the greatest influence on the sexual relationship, the more global effect of a "new baby" versus the effects of "breastfeeding" cannot be determined from this study and should be investigated further.

Research is needed to investigate the sources, conditions and outcomes of commitment in breastfeeding for both males and females. More knowledge of the role of commitment in breastfeeding success may further our understanding of what occurs in breastfeeding families. It would also be interesting to investigate the relationship between styles of fathering and the patterns of weaning adopted in breastfeeding families. For instance would the wives of Supervisor fathers (who in this study sometimes wanted breastfeeding to continue longer than their wives wished to breastfeed) be more likely to use mixed feeding method, such as minimal breastfeeding (Morse & Harrison, 1988) to prolong weaning?

Further research is needed to determine if the BSPP *postponing* in the father-infant relationship has relevance for other areas. This would include other types of families where there is interference with the parent child relationship. Thus, postponing may have relevance for the noncustodial parent in divorced families.

Summary

This investigation explored breastfeeding from the perspective of the father and husband in a breastfeeding family with specific focus on the father-infant relationship. Although numerous breastfeeding studies have been conducted, an emphasis on examining biological and physiological factors have resulted in only a partial view of this complex phenomenon. Although breastfeeding is embedded in the context of the family and society as a whole, present research does not reflect this. Therefore, to broaden our knowledge of the context in which breastfeeding occurs, a grounded theory method was used to describe aspects of the male experience of breastfeeding.

A major focus of fathers in breastfeeding families is the father-infant relationship. The informants perceived differences in the nature of the relationship the child developed with each parent. In order to remain supportive of breastfeeding, fathers utilize a process of postponing. Postponing consists of five phases. The first phase, involves becoming aware of the differences in the relationships the child has with the father and mother. The next two stages include psychological means that the fathers use to accept the perceived difference and positive factors in the environment that make the disparity easier to accept. The men then begin to become more involved with their children and this increased activity compensates for the reduction in father-infant closeness because of breastfeeding.

The fathers were able to postpone their own gratification because they valued breastfeeding and they saw their child reaping its benefits. They were also able to postpone because they believed that when breastfeeding ended the difference they now saw would no longer exist.

The present research should heighten health professionals' awareness of fathers' adjustment to breastfeeding and the importance of their role in the breastfeeding family. Health-care workers have long treated fathers as superfluous beings in families. The societal trend towards more father involvement has brought about more involvement in childcare but its impact on breastfeeding has not been acknowledged. Only through understanding the active role of the father in successful breastfeeding families can the health needs of all of the members of the family be served.

Further research is needed to gain complete understanding of the experience of men in breastfeeding families. It is expected the results from this study will form a basis for further study.

REFERENCES

Albers, R. M. (1981). Emotional support for the breastfeeding mother. *Issues in Comprehensive Pediatric Nursing, 5,* 109-124.

American Academy of Pediatrics. (1978). Breastfeeding. *Pediatrics, 62,* 591- 601.

Araji, S. K. 1977). Husbands' and wives' attitude-behavior congruence in family roles. *Journal of Marriage and the Family, 39,* 309-320.

Artinian, B. (1986). The research process in grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory* (pp. 16-23). Menlo Park, CA: Addison-Wesley.

Atwood, J. B., & Hinds, P. (1986). Heuristic heresay: Application of reliability and validity criteria to products of grounded theory. *Western Journal of Nursing Research, 8,* 135-154.

Baranowski, J., Bee, D. E., Rassin, D. K., Richardson, J., Brown, J. P., Guenther, N., & Nader, P. R. (1983). Social support, social influence, ethnicity and the breastfeeding decision. *Social Science and Medicine, 17,* 1599-1611.

Belsky, J., & Volling, B. L. (1987). Mothering, fathering and marital interaction in the family triad during infancy. In P.W. Berman & F. A. Pederson (Eds.), *Men's transitions to parenthood: Longitudinal studies of early family experience* (pp. 37-63). Hillsdale, NJ: Erlbaum.

Beske, E. J., & Garvis, M.S. (1982). Important factors in breast-feeding success. *Maternal Child Nursing, 7,* 174-179.

Bloom K., Goldbloom, R. B., Robinson, S. C., & Stevens, F. E. (1982). Factors affecting the continuance of breastfeeding. *Acta Paediatrica Scandinavia Supplement, 300,* 9-14.

Blumer, H. (1969). *Symbolic interaction: Perspective and method.* Englewood Cliffs, NJ: Prentice Hall.

Bogdan, R. C., & Biklen, S. K. (1982). *Qualitative research for education: An introduction to theory and methods*. Boston: Allyn & Bacon.

Bottorff, J. L. (1990). Persistence in breastfeeding: A phenomenological investigation. *Journal of Advanced Nursing, 15*, 201-209.

Boyd, S. T., & Duncan, M. (1991, May). *The father's parenting role within the family*. Paper presented at the meeting of Second International Family Nursing Conference, Portland, OR.

Broderick, C., & Smith, J. (1979). In W. R. Burr, R. Hill, F. I. Nye & I .L. Reiss (Eds.). *Contemporary theories about the family: Grand theories/ theoretical orientations*. New York: Free Press.

Canadian Pediatric Society (1978). Breastfeeding: What is left besides the poetry? *Canadian Journal of Public Health, 69*, 13-20.

Chapman, L. (1991). Searching: Expectant fathers' experience during labor and birth. *Journal of Perinatal and Neonatal Nursing, 4*,(4), 21-29.

Chassé, M. (1990). *Experiences of women who undergo hysterectomy*. Unpublished masters thesis, University of Alberta, Edmonton, Canada.

Chenitz, W. C., & Swanson, J. M. (1986). Qualitative research using grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing*. Menlo Park, CA: Addison-Wesley.

Chenitz, W. C. (1986). Getting started: The research proposal for a grounded theory study. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 9-47). Menlo Park, CA: Addison-Wesley.

Clarke-Stewart, K. A. (1980). The father's contribution to children's cognitive and social development in early childhood. In F. Pederson (Ed.), *The father-infant relationship*. New York: Prager.

Colombotos, J. (1969). Personal versus telephone interviews: Effect and reponses. *Public Health Reports, 84*, 773-782.

Corbin, J. (1986). Qualitative data analysis for grounded theory. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 91-101). Menlo Park, CA: Addison-Wesley.

Cowan, C. P., & Cowan, P. A. (1987). Men's involvement in parenthood: Identifying the antecedents and understanding the barriers. In P. W. Berman & F. A. Pederson (Eds.), *Men's transitions to parenthood: Longitudinal studies of early family experience*. Hillsdale, NJ: Erlbaum.

Crinic, K., & Greenburg, M. (1987). Maternal stress, social support and coping: Influences on the early mother-infant relationship. In Zachariah Boukydis, C. F. (Ed.), *Research on support for parents and infants in the postnatal period* (pp. 25-40). Norwood, NJ: Ablex.

Cronewett, L, R., & Kunst-Wilson, W. (1981). Stress, social support, and the transition to fatherhood. *Nursing Research, 4*, 196-201.

Dickie, J. R. (1987). Interrelationships within mother-father-infant triad. In P. W. Berman & F. A. Pederson (Eds.), *Men's transitions to parenthood: Longitudinal studies of early family experience* (pp. 113-143). Hillsdale, NJ: Erlbaum.

Diers, D. (1979). *Research in nursing practice*. Philadelphia: J. B. Lippincott.

Duffy, M. (1985). Designing nursing research: The qualitative-quantitative debate. *Journal of Advanced Nursing, 10*, 225-232.

Dumas, M. A. (1991, February). *A phenomenological investigation of the meaning of "being jealous" as experienced in fathers following the birth of their first child.* A paper presented at the Qualitative Health Research Conference, Edmonton, Canada.

Entwisle, D. R., & Doering, S. G. (1980). *The first birth.* Baltimore: John Hopkins University Press.

Ewing, G., & Morse, J. M. (1989). Paradoxical priorities in breastfeeding research: Challenges for new directions. *The Australian Journal of Advanced Nursing, 6*, (4), 24-28.

Feinstein, J. M., Berkelhamer, J. E., Gruszka, M. E., Wong, C. A., & Carey, A. E. (1986). Factors related to early termination of breast-feeding in an urban population. *Pediatrics, 78,* 210-215.

Festinger, L. (1964). *Conflict, decision and dissonance.* Stanford, CA: Stanford University Press.

Field, P. A., & Morse, J. M. (1985). *Nursing research: The application of qualitative approaches.* London: Croom Helm Ltd.

Fieldhouse, P. (1984). A revival in breastfeeding. *Canadian Journal of Public Health, 75,* 128-132.

Frank, E., Anderson, C., & Rubenstein, D. (1984). Marital role ideals and perception of marital role behavior in distressed and non-distressed couples. *Journal of Marriage and Family Therapy, 6,* 55-63.

Ford, J. S., & Reutter, L. J. (1990). Ethical dilemmas associated with small samples. *Journal of Advanced Nursing, 15,* 187-191.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory.* Chicago: Aldine.

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory.* Mill Valley, CA: Sociology Press.

Goodine, L. A., & Fried, P. A. (1984). Infant feeding practices: Prenatal and postnatal factors affecting choice of method and duration of breastfeeding. *Canadian Journal of Public Health, 75,* 439-444.

Goodwin, L. D., & Goodwin, W. L. (1984). Qualitative vs quantitative research or qualitative and quantitative research? *Nursing Research, 33,* 189-192.

Guba, E. G., & Lincoln, Y. S. (1981). *Effective evaluation.* San Francisco: Jossey-Bass.

Hanson, S., & Bozett, F. (1985). *Dimensions of fatherhood.* Beverley Hills, CA: Sage.

Hewat, R. J. , & Ellis, D. J. (1984). Breastfeeding as a maternal-child team effort: Women's perceptions. *Health Care for Women International, 5,* 437-452.

Holcomb, H. R. (1989). Cognitive dissonance and skepticism. *Journal for the Theory of Social Behavior, 19,* 411-432.

Horschild, A. (1990). *The second shift: Working parents and the revolution at home.* New York: Viking.

Hotchner, T. (1979). *Pregnancy and childbirth: The complete guide for new life.* New York: Avon.

House, J. S. (1981). *Work stress and social support.* Reading, MA: Addision-Wesley.

House, J. S., & Kahn, R.L. (1985). Measures and concepts of social support. In S. Cohen & S. L. Syme (Eds,), *Social support and health* (pp. 83-108). New York: Academic.

Huggins, K. (1986). *The nursing mother's companion.* Boston: Harvard Common Press.

Hutchinson, S. (1986). Grounded theory: The method. In P. L. Munhall & C. J. Oiler (Eds.), *Nursing research: A qualitative perspective* (pp. 111-130). Toronto: Prentice-Hall.

Janis, I. L., & Mann, L. (1977). *Decision making: A psychological analysis of conflict, choice, and commitment.* New York: The Free Press.

Janofsky, A. I. (1971). Affective self-disclosure in telephone versus face to face interviews. *Journal of Humanistic Psychology, 11,* 93-103.

Jordon, P. L. (1986). Breastfeeding as a risk factor for fathers. *Journal of Obstetrical, Gynecological and Neonatal Nursing, 15,* 94-97.

Jordon, P. L. (1990). Laboring for relevance: Expectant and new fatherhood, *Nursing Research, 39,* 11-16.

Kegeles, S. S., Fink, C. F., & Kirscht, J. P. (1969). Interviewing a national sample by long-distance telephone. *Public Opinion Quarterly, 33,* 412-419.

Kitzinger, S. (1983). *The experience of breastfeeding*. New York: Penguin.

Kitzinger, S. (1985). *Woman's experience of sex*. New York: Viking: Penguin.

La Leche League International (1987). *The womanly art of breastfeeding*. Franklin Park, IL: La Leche League International.

Lamb, M., & Elster, A. (1985). Adolescent mother-infant-father interaction. *Developmental Psychology*, 21, 768-773.

Lawrence, R. A. (1985). *Breastfeeding: A guide for the medical profession.* Toronto: Mosby.

Le Compte, M. D., & Goetz, J. P. (1982). Problems of reliability and validity in ethnographic research. *Review of Education Research, 52*, 31-60.

Leininger, M. (1985). Nature, rationale, and importance of qualitative research methods in nursing. In M. M. Leininger (Ed), *Qualitative research methods in nursing* (pp. 1-26). New York: Grune & Stratton.

Lerner, H. E. (1979). Effects of the nursing mother-infant dyad on the family. *American Journal of Orthopsychiatry, 49* , 339-348.

Lewis, C. (1986). *Becoming a father*. Oxford: Alden.

Lynch, S. A., Koch, A. M., Hislop, G., & Goldman, A. J. (1986). Evaluating the effect of a breastfeeding consultant on the duration of breastfeeding. *Canadian Journal of Public Health, 77*, 190-195.

Maclean, H. (1990). *Women's experience of breastfeeding*. Toronto: University of Toronto Press.

May, K. A. (1980). A typology of detachment/involvement styles adopted during pregnancy by first-time expectant fathers. *Western Journal of Nursing Research*, 2, 441-461.

May, K. (1982). The father as observer. *MCN*, 7, 319-322.

May, K. A. (1989). Interview techniques in qualitative research: Concerns and challenges. In J. M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (pp 188-201). Rockville, MD: Aspen.

McNally, E., Hendricks, S., & Horowitz, I. (1985). A look at breastfeeding trends in Canada. *Canadian Journal of Public Health, 76,* 101-107.

Minchin, M. (1985). *Breastfeeding matters: What we need to know about infant feeding.* Alfredton, Australia: Alma Publications.

Mishler, E. G. (1979). Meaning in context: Is there any other kind? *Harvard Educational Review, 49,* 7-19.

Morse, J. M., & Harrison, M. J. (1987). Social coercion for weaning. *Journal of Nurse-Midwifery, 32,* 205-210.

Morse, J. M., & Harrison, M. J. (1988). Patterns of mixed feeding. *Midwifery, 4,* 19-23.

Morse, J. M., & Johnson, J. (1990). Understanding the illness experience. In J. M. Morse & J. L. Johnson (Eds.), *The experience of illness: Dimensions of suffering.* Newbury Park, CA: Sage.

Morse, J. M. (1986). Qualitative and quantitative research: Issues in sampling. In P. Chinn (Ed.), *Methodological issues in nursing,* (pp. 181-193). Baltimore: Aspen.

Morse, J. M. (1989). Strategies for sampling. In J. M. Morse (Ed.), *Qualitative nursing research: A contemporary dialogue* (pp 117-131). Rockville, MD: Aspen.

Muenchow, S., & Bloom-Feshbach, A. (1982). The new fatherhood. *Parents, 57* (2), 64-69.

Myres, A. W., Watson, J., & Harrison, C. (1981). The National Breastfeeding Promotion Program. 1. Professional phase - A note on its development, distribution and impact. *Canadian Journal of Public Health, 72,* 307-311.

Norris, J. R. (1986). *The experience of mothers consenting for daughter's abortions.* Unpublished master's thesis, University of Alberta, Edmonton, Canada.

Olds, S. B., London, M. L., & Ladewig, P. A. (1984). *Maternal-newborn nursing: A family-centred approach.* Menlo Park, CA: Addison-Wesley.

Parke, R. D., & Tinsley, B. J. (1987). Fathers as agents and recipients of support in the postnatal period. In C.F. Zachariah Boukydias (Ed.), *Research on support for parents & infants in the postnatal period* (pp. 85-113). Norwood, NJ: Ablex.

Pederson, F. A. (1981). Father influences in a family context. In M. E. Lamb (Ed.), *The role of the father in child development* (2nd ed., pp. 295-317). New York: Wiley.

Pleck, J. H. (1986). Fatherhood and the workplace. In M. E. Lamb (Ed). *The father's role: Applied perspectives.* New York: Wiley.

Raphael, D. (1973). *Breast-Feeding: The tender gift.* Englewood Cliffs, NJ: Prentice Hall.

Reichardt, C. S. & Cook, T. D. (1979). Beyond qualitative versus quantitative methods. In C. S. Reichardt & T. D. Cook (Eds.), *Qualitative and quantitative methods in evaluation research.* (pp. 7-31). Beverly Hills: Sage.

Richards, M. P. M. (1982). Breastfeeding and mother-child relationship. *Acta Paediatrica Scandinavia Supplement, 299,* 33-77.

Riordan, J. (1983). *A practical guide to breastfeeding.* Toronto: C. V. Mosby.

Rousseau, E. H., Lescop, J. N., Fontain, S., Lambert, J., & Roy, C. (1982). Influence of cultural and environmental factors on breast-feeding. *Canadian Medical Association Journal, 127,* 701-704.

Sandelowski, M. (1986). The problem of rigor in qualitative research. *Advances in Nursing Science, 8,* 27-37.

Scrimshaw, S. C. M., Engle, P. L., Arnold, L., & Hayes, K. (1987). Factors affecting breastfeeding among women of Mexican origin or descent in Los Angeles. *American Journal of Public Health, 77,* 467-470.

Sears, W. (1986). *Becoming a father: How to nurture and enjoy your family.* Franklin Park, IL: La Leche League International.

Stern, P. N. (1985). Using grounded theory method in nursing research. In M. M. Leininger (Ed.), *Qualitative Research Methods in Nursing* (pp. 149-160). Toronto: Grune & Stratton.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques.* Newbury Park, CA: Sage.

Strauss, A. (1987). *Qualitative analysis for social scientists.* New York: Cambridge Press.

Sullivan, J. C., & Jones, L. C. (1986). Breastfeeding adoption by low-income black women. *Health Care for Women International, 7,* 295-309.

Swanson, J. M. (1986) Analyzing data for categories and description. In W. C. Chenitz & J. M. Swanson (Eds.), *From practice to grounded theory: Qualitative research in nursing* (pp. 121-132). Menlo Park, CA: Addison-Wesley.

Sweeney, M. A., & Gulino, C. (1987). The health belief model as an explanation for breastfeeding practices in a Hispanic population. *Advances in Nursing Science, 9*(4), 35-50.

Turner, B. A. (1981). Some practical aspects of qualitative data analysis: One way of organizing the cognitive processes associated with the generation of grounded theory. *Quality and Quantity, 15,* 225-247.

Waletzky, L. R. (1979). Husbands' problems with breastfeeding. *American Journal of Orthopsychiatry, 49,* 349-352.

Wilson, H. S., & Hutchinson, S. A. (1991). Triangulations of qualitative methods: Heideggerian hermeneutics and grounded theory. *Qualitative Health Research, 1,* 263-276.

Wilson, H. S. (1977). Limited intrusion-social control of outsiders in a healing community. *Nursing Research, 26,* 103-111.

Wilson, P. S. (1988). *Living with chemotherapy: Husband's perceptions.* Unpublished master's thesis, University of Alberta, Edmonton, Canada.

Woessner, C., Lawrers, J., & Bernard, B. (1987). *Breastfeeding today: A mother's companion.* Garden City Park, NY: Avery.

Wright, L., & Leahey, M. (1984). *Nurses and families: A guide to family assessment and intervention.* Philadelphia: F. A. Davis.

Yeung, D. L., Pennell, M. D., Leung, M., & Hall, J. (1986). Breastfeeding: Prevalence and influencing factors. *Canadian Journal of Public Health, 72,* 323-330.

Appendix

Preamble to Telephone Consent

Hi! My name is Diane Gamble. Thank you for responding to my request for fathers to call me.

I am interested in talking to fathers who have a 3 to 6 month breastfed infant that was born close to its due date and has been healthy. Would this describe your infant?

(Yes - proceed)
(No - thank them for their interest)

In order to record that you have been informed adequately about this study, with your permission, I would like to tape this conversation. Is that all right with you?

Okay, let me explain the study. If you have any question, please stop me.

By talking to fathers I hope to gain an understanding of the experience of a man whose partner breastfeeds. Although you may not benefit directly from this study, the information you provide will assist nurses to care for other breastfeeding families.

Consent to Participate in Research Study

University of Alberta

This study is called Breastfeeding: The Male Perspective. If you decide to participate, you will be interviewed one to three times over the phone for up to one hour each time. I will be asking questions about you and your family. You can refuse to answer any question or stop the interview at any time.

I would like to tape record the interviews and then have a written record of our conversation made. Your name will be erased from the tape and will not be used on the written record. My supervisor, the typist and I will be the only persons who have access to the content of our discussions. The things you tell me will be used in a research project. Your name will not be mentioned in any way when the research is published.

At the end of the research the tapes will be erased. The written records will be kept for two years in a locked cabinet.

If you no longer wish to participate in the study you can withdraw without penalty, simply by stating your wish to do so.

If you wish, I will send you a summary of the results of the study.

Do you have any questions?

Do you have a pen and pencil handy?

Okay. I f you have questions at a later date, you may phone myself at 432-9192 or my supervisor, Dr. Jan Morse at 492-6250. Did you get those numbers?

Are you willing to participate in the study?

Would you like a report of the study upon its completion?

Yes____

Address

No____

Is this a convenient time to talk or can you suggest another time I could call back?

Date________________